



CANS Comprehensive/Multisystem Assessment – San Bernardino (CANS-SB) 2.0 Manual

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Introduction to CANS-SB 2.0

This version of the Child and Adolescent Needs and Strengths (i.e., CANS-San Bernardino, or CANS-SB) was developed in collaboration with several County agencies and Community-Based Organizations (CBOs) functioning within San Bernardino County with the last revision of the CANS-SB being completed on September 17, 2012.

The CANS-SB 2.0 has been created to (1) ensure that all CANS items required by the California Department of Health Care Services (DHCS) are included, (2) update some language changes (e.g., Judgement changed to Decision Making), (3) expand the Transitional Aged Youth (TAY) Module, and (4) add a module regarding vocational strengths and needs.

The manual was developed from the various CANS manuals currently established and the creation of some new items specifically targeting local needs. More specifically, the Standard CANS-Comprehensive was the primary manual used to create the CANS-San Bernardino 2.0. Additional versions were reviewed and elements were included into the CANS-SB. These include the following: Adult Needs and Strengths Assessment (ANSA-T), Victor Family of Services, Mental Health, Massachusetts, Family Advocacy and Support Tool (FAST - Tennessee), Trauma, Child Welfare, Juvenile Justice, 0-4, Early Childhood (Santa Clara), Truama Comprehensive, and Sexual Development.

There are two sections to this CANS version: (1) A Core Section which is a mandatory segment that needs to be completed by all who administer it; and (2) a Subsection, which is optional, consisting of fourteen modules. Two of the modules are implemented based upon the age of the individual being rated (i.e., 0-5 and TAY). The remaining modules are implemented if a rating of “2” or “3” is given on a particular item in the Core Section.

The Core Section consists of all items contained in the Standard CANS Comprehensive version, plus seven additional items indicated by “*” in the table of contents and on the score sheet. These additional items were obtained and finalized through collaboration with Dr. John Lyons.

The modules were chosen through collaboration between several County agencies and CBOs. Through this collaboration, two modules were created to address the specific issues of certain populations and sites. These newly created modules are as follows:

School Module: Uniquely developed for CANS-SB through collaboration between a SELPA and DBH. Providers working almost exclusively with school based services expressed a desire to have more specific information regarding the child’s functioning at school.

Permanency Module: Uniquely developed for CANS-SB through the combined efforts of several CBOs and County agencies. Items were developed to be consistent with the “California Permanency for Youth Project (CPYP)”, a pilot project implement by Child and Family Services. CPYP focused on finding a permanent connection for foster children with at least one committed adult.

Final approval of this manual was provided by John Lyons, Ph.D.

Literary Preface/Comment regarding gender references:

Please note that wherever reference is made to gender, the female versions of pronouns is used (e.g., “she”, “her”, & “herself”) to denote both genders. This is done to facilitate the ease of reading items, and not to communicate a bias in any way.

Additionally, “child/youth” is being utilized in reference to “child”, “youth”, “adolescent”, or “young adult.” This is due to the broad range of ages to which this manual applies (e.g., 0-5 & TAY)

INTRODUCTION FROM STANDARD CANS-COMPREHENSIVE MANUAL

Introduction is reprinted in its entirety with permission from Dr. Lyons

The CANS is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS Comprehensive is to accurately represent the shared vision of the youth/youth serving system—children, youth, and families. As such, completion of the CANS Comprehensive is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS Comprehensive is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS Comprehensive.

SIX KEY PRINCIPLES OF THE CANS

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the youth, not the youth in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e., ‘2’ or ‘3’).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young youth but would be for an older youth or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the youth/youth’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool; it is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the youth/youth’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE CANS

The Child and Adolescent Needs and Strengths is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The CANS Comprehensive gathers information on youths and parents/caregivers’ needs and strengths. Strengths are the youth’s assets: areas life where he or she is doing well or has an interest or ability. Needs are areas where a youth requires help or serious intervention. Care providers use an assessment process to get to know the youth or youth and families with whom they work and to understand their strengths and needs. The CANS helps care providers decide which of a youth’s needs are the most important to address in a treatment or service planning. The CANS Comprehensive also helps identify strengths, which can be the basis of a treatment or service plan. By working with the youth and family during the assessment process and talking together about the CANS.

Comprehensive, care providers can develop a treatment or service plan that addresses a youth’s strengths and needs while building strong engagement.

The CANS Comprehensive is made of domains that focus on various areas in a youth’s life, and each domain is made up of a group of specific items. There are domains that address how the youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a section that asks about the family’s beliefs and preferences, and a section that asks about general family concerns. The provider gives a

number rating to each of these items. These ratings help the provider, youth and family understand where intensive or immediate action is most needed, and also where a youth has assets that could be a major part of the treatment or service plan.

The CANS Comprehensive ratings, however, do not tell the whole story of a youth's strengths and needs. Each section in the CANS Comprehensive is merely the output of a comprehensive assessment process and is documented alongside narratives where a care provider can provide more information about the youth.

HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use, yet provides comprehensive information regarding clinical status.

The CANS Comprehensive assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the youth and the parent/caregiver, looking primarily at the 30-day period prior to completion of the CANS Comprehensive. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, youth and families, programs and agencies, youth serving systems. It provides for a structured communication and critical thinking about the youth and their context. The CANS Comprehensive is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual youth's progress. It can also be used as a communication tool that provides a common language for all youth-serving entities to discuss the youth's needs and strengths. A review of the case record in light of the CANS Comprehensive assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

Annual training and certification is required for providers who administer the CANS Comprehensive and their supervisors. Additional training is available for CANS super users as experts of CANS assessment administration, scoring, and use in the development of service or recovery plans.

MEASUREMENT PROPERTIES

Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, youth welfare case workers, probation officers, and family advocates. With approved training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS® is auditable and audit reliabilities demonstrate that the CANS® is reliable at the item level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

Studies have demonstrated the CANS' validity, or it's the ability to measure and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS® assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four

states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al, 2012, 2013, 2014; Cardall, et al, 2016; Epstein, et al, 2015; Israel, et al, 2015, Lardner, 2015).

RATING NEEDS & STRENGTHS

The CANS Comprehensive is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the youth and family.

- ★ Basic core items – grouped by domain - are rated for all individuals.
- ★ A rating of 1, 2 or 3 on key core questions triggers extension modules.
- ★ Individual assessment module questions provide additional information in a specific area

Each CANS Comprehensive rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength preset	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

The rating of ‘N/A’ for ‘not applicable’ is available for a few items under specified circumstances (see reference guide descriptions). For those items where the ‘N/A’ rating is available, the N/A rating should be used only in the rare instances where an item does not apply to that particular youth.

To complete the CANS Comprehensive, a CANS trained and certified care coordinator, case worker, clinician, or other care provider, should read the anchor descriptions for each item and then record the appropriate rating on the CANS Comprehensive form (or electronic record).

Remember that the item anchor descriptions are examples of circumstances which fit each rating (0, 1, 2, or 3). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The CANS Comprehensive is an information integration tool, intended to include multiple sources of information (e.g., youth and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS Comprehensive supports the belief that children, youth, and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a youth’s skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on youth’s strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS Comprehensive and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for youth and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS Comprehensive assessment. A rating of '2' or '3' on a CANS Comprehensive need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities. It is important to remember that when developing service and treatment plans for healthy youth/youth trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop youth and youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the CANS Comprehensive can be used to monitor outcomes. This can be accomplished in two ways. First, CANS Comprehensive items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Symptoms, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS Comprehensive dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The average reliability of the CANS is 0.75 with vignettes, 0.84 with case records, and can be above 0.90 with live cases. The CANS is auditable, and audit reliabilities demonstrate that the CANS tool is reliable at the item level. Validity is demonstrated with the CANS relationship to level of care decisions and other similar measures of symptoms, risk behaviors, and functioning.

The CANS Comprehensive is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the CANS and share experiences, additional items, and supplementary tools.

HOW IS THE CANS-COMPREHENSIVE USED?

The CANS Comprehensive is used in many ways to transform the lives of children, youth, and their families and to improve our programs. Hopefully, this guide will help you to also use the CANS Comprehensive as a multi-purpose tool. What is the CANS Comprehensive?

IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful in when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful to use during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any Needs, Impacts on Functioning, or Risk factors that you rate as a 2 or higher in that document.

IT FACILITATES OUTCOMES MEASUREMENT

Many users of the CANS and organizations complete the CANS every 6 months to measure change and transformation. We work with children, youth, and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

When a client leaves a treatment programs, a closing CANS may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary integrated with CANS ratings, provides a picture of how much progress has been made, and allowing for recommendations for future care which tie to current needs. And finally, it allows for a shared language to talk about our youth and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS Comprehensive and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS: A BEHAVIOR HEALTH CARE STRATEGY

The CANS is an excellent strategy in addressing children and youth's behavioral health care. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the CANS Comprehensive and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the youth and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS Comprehensive domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Youth Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, “We can start by talking about what you feel that you and your youth/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?”

Some people may “take off” on a topic. Being familiar the CANS Comprehensive items can help in having more natural conversations. So, if the family is talking about situations around the youth's anger control and then shift into something like---“you know, he only gets angry when he is in Mr. S's classroom”, you can follow that and ask some questions about situational anger, and then explore other school related issues that you know are a part of the School/Preschool/Daycare module.

MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe CANS Comprehensive and how it will be used. The description of the CANS Comprehensive should include teaching the youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, have share with the youth and family the CANS domains and items (see the CANS Comprehensive Core Item list on page 14) and encourage the family to look over the items prior to your meeting with them. The best time is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS Comprehensive ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE CANS

Listening is the most important skill that you bring to working with the CANS Comprehensive. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes”, “and”—things that encourage people to continue
- ★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking “if I were this person, I would do X” or “that's just like my situation, and I did “X”. But since you are not that person, what you would do is not

particularly relevant. Avoid making judgmental statements or telling them what you would do. It's not really about you.

- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the youth or youth that you are with the youth.
- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "does that make sense to you?" "Or do you need me to explain that in another way?"
- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The CANS Comprehensive is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "Ok, it sounds likeis that right? Would you say that is something that you feel needs to be watched, or is help needed?"

REDIRECT THE CONVERSATION TO PARENTS'/CAREGIVERS' OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people's observations such as "well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "so your mother feels that when he does X, that is obnoxious. What do YOU think?" The CANS Comprehensive is a tool to organize all points of observation, but the parent or caregiver's perspective can be the most critical. Once you have the youth's perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as "I hear you saying that it can be difficult when ..." demonstrates empathy.

WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young person, and if there is anything that they would like to add. This is a good time to see if there is anything "left over"—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a "total picture" of the individual and family, and offer them the opportunity to change any ratings as you summarize or give them the "total picture".

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

So you might close with a statement such as: "OK, now the next step is a "brainstorm" where we take this information that we've organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So let's start...."

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*Items added to Core of Standard CANS-Comp

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	<ul style="list-style-type: none"> 1. <u>Independent Living Skills</u> 2. <u>Residential Stability</u> 3. <u>Transportation</u> 4. <u>Parenting Roles</u> 5. <u>Interpersonal/Social Connectedness</u> 6. <u>Personality Disorder</u> 7. <u>Intimate Relationships</u> 8. <u>Gender Identity</u> 9. <u>Sexual Orientation</u> 10. <u>Medication Compliance</u> 11. <u>Educational Attainment</u> 12. <u>Vocational/Career</u> 13. <u>Meaningfulness</u> 14. <u>Victimization</u> 	
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	<ul style="list-style-type: none"> 1. <u>Attention-Concentration in School</u> 2. <u>Sensory Integration Difficulties in School</u> 3. <u>Affect Dysregulation in School</u> 4. <u>Anxiety in School</u> 5. <u>Depression in School</u> 6. <u>Peer Relations in School</u> 7. <u>Oppositional in School</u> 8. <u>Conduct in School</u> 	
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	<ul style="list-style-type: none"> 1. <u>Siblings</u> 2. <u>Biological/Adoptive Mother</u> 3. <u>Biological/Adoptive Father</u> 4. <u>Other Significant Adults</u> 5. <u>Current Living Situation</u> 6. <u>Grief & Loss</u> 7. <u>Family Identity & Belonging</u> 8. <u>Family Finding</u> 	
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	<ul style="list-style-type: none"> 1. <u>Sexual Abuse</u> 2. <u>Physical Abuse</u> 3. <u>Emotional Abuse</u> 4. <u>Neglect</u> 5. <u>Medical Trauma</u> 6. <u>Natural Disaster</u> 7. <u>Witness to Family Violence</u> 8. <u>Witness to Community/School Violence</u> 9. <u>Victim/Witness – Criminal Acts</u> 10. <u>Marital/Partner Violence</u> 	

11. Sexual Abuse Expansion to Trauma Module	
i. Emotional Closeness to Perpetrator	iv. Force
ii. Frequency of Abuse	v. Reaction to Disclosure
iii. Duration	
12. Traumatic Stress Symptoms	
i. Emotional/Physical Dysregulation	v. Numbing
ii. Intrusions/Re-Experiencing	vi. Dissociation
iii. Hyperarousal	vii. Avoidance
iv. Traumatic Grief & Separation	viii. Caregiver Post-Traumatic Reaction
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2. Duration of Use	6. Environmental Influences
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4. Peer Influences	
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i. History of Physical Abuse	iii. Witness to Domestic Violence
ii. History of Violence	iv. Witness to Environmental Violence
2. Emotional/Behavioral Risks	
i. Bullying	iv. Paranoid Thinking
ii. Frustration Management	v. Secondary Gains From Anger
iii. Hostility	vi. Violent Thinking
3. Resiliency Factors	
i. Aware of Violence Potential	iii. Commitment to Self-Control
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2. Physical Force/Threat	7. Temporal Consistency
3. Planning	8. History of Sexual Behavior
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2. Consistency of Destination	6. Involvement with Others
3. Safety of Destination	7. Realistic Expectations
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2. Seriousness	7. Environmental Influences
3. Planning	8. Arrests
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2. Seriousness	7. Response to Accusation
3. Planning	8. Remorse
4. Use of Accelerants	9. Likelihood of Future Fire
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LIFE DOMAIN FUNCTIONING

LIFE DOMAIN FUNCTIONING

Life domains are the different arenas of social interaction found in the lives of children, youths, and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

Question to Consider for this Domain: How is the individual functioning in individual, family, peer, school, and community realms?

For **Life Functioning Domain**, use the following categories and action levels:

- 0** No current need; no need for action or intervention.
- 1** History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2** Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3** Problems are dangerous or disabling; requires immediate and/or intensive action.

Question I-1

FAMILY FUNCTIONING

This rates the youth's relationships with those who are in her family. It is recommended that the description of family should come from the youth's perspective (i.e., who the youth describes as her family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the youth is still in contact. Foster families should only be considered if they have made a significant commitment to the youth. For youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationship the youth has with his/her family as well as the relationship of the family as a whole.

	Rating and Description
How does the child's/youth's family get along? Are there problems between family members? Has there ever been any violence? How is the child's/youth's family getting along right now?	0 No current need: no need for action or intervention. Child/Youth is doing well in relationships with family members, or there is no evidence of problems in relationships with family members.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child/youth.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.

NOTE: A rating of "2" or greater would result in the need for further specification of these needs through the completion of the [Family Difficulties Module](#).

Question I-2

LIVING SITUATION

This item refers to how the youth is functioning in the youth's current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

How is the child/youth behaving and getting along with others in their current living situation?	Rating and Description	
	0	No current need: no need for action or intervention. No evidence of problem with functioning in current living environment. Youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth experiences mild problems with functioning in current living situation. Caregivers express some concern about youth's behavior in living situation, and/or youth and caregiver have some difficulty dealing with issues that arise in daily life.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has moderate to severe problems with functioning in current living situation. Child/youth difficulties in maintaining her behavior in this setting are creating significant problems for others in the residence. Child/Youth and caregivers have difficulty interacting effectively with each other much of the time.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has profound problems with functioning in current living situation. Child/Youth is at immediate risk of being removed from living situation due to problematic behaviors.

LIFE DOMAIN FUNCTIONING

Question I-3

SOCIAL FUNCTIONING

This item rates social skills and relationships. It includes age appropriate behavior and the ability to make and sustain relationships. Social functioning is different from Interpersonal (Strengths) in that functioning is a description of how the child/youth is doing currently. Strengths are longer-term assets.

	Rating and Description
How well does the child/youth get along with others?	0 No current need; no need for action or intervention. No evidence of problems and/or child/youth has developmentally appropriate social functioning.
Does she make new friends easily?	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of problems in social relationships. Child/Youth is having some difficulty interacting with others and building and/or maintaining relationships.
Has she kept friends a long time or does she tend to change friends frequently?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is having some problems with social relationships that interfere with functioning in other life domains.
How does she get along with adults?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is experiencing significant disruptions in social relationships. Child/Youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to the child/youth's safety, health, and/or development.

Question I-4

RECREATIONAL

This item rates the child's/youth's access to and use of leisure activities.

	Rating and Description
Does the child/youth have things that she likes to do with her free time?	0 No current need: no need for action or intervention. No evidence of any problems with recreational functioning. Child/Youth has sufficient access to activities that she enjoys.
Things that give her pleasure?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth is doing adequately with recreational activities although some problems may exist.
Activities that are a positive use of her extra time?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is having moderate problems with recreational activities. Child/Youth may experience some problems with effective use of leisure time.
Does she often claim to be bored or have nothing to do?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has no access to or interest in recreational activities. Child/Youth has significant difficulties making use of leisure time.

Question I-5

DEVELOPMENTAL/INTELLECTUAL

This item describes the child's development as compared to standard developmental milestones, as well as rates the presence of any developmental (motor, social, and speech) or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

	Rating and Description
	0 No current need: no need for action or intervention. Child/Youth has no developmental problems.
Does the child's/youth's growth and development seem healthy?	1 Identified need requires monitoring, watchful waiting, or preventive activities. There are concerns about possible developmental delay. Child/Youth may have low IQ, a documented delay, or documented borderline intellectual disability. Mild deficits in adaptive functioning are indicated.
Has she reached appropriate developmental milestones (such as, walking, talking)?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has mild developmental delays (e.g., deficits in social functioning, inflexibility or behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder (IDD) impacts communication, social functioning, daily living skills, judgement, and/or risk of manipulation by others.
Has anyone ever said that the child/youth may have developmental problems	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has severe to profound intellectual disability and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation, and independent living across multiple environments.

NOTE: A rating of "2" or greater would result in the need for further specification of these needs through the completion of the [Developmental Needs \(DD\) Module](#).

Question I-6

JOB FUNCTIONING

If the youth is working, this item describes their functioning in a job setting.

	Rating and Description - N/A - If child is too young for a job or youth has not held a job.	
<p>Is the youth able to meet expectations at work?</p> <p>Does the youth have regular conflict at work?</p> <p>Is the youth timely and able to complete responsibilities?</p>	0	No current need: no need for action or intervention. No evidence of any problems in work environment. Youth is excelling in a job environment.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has some mild problems at work (e.g., tardiness, conflict). Youth is functioning adequately in a job environment.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Youth has problems at work. Youth has problems with development of vocational or prevocational skills.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Youth has severe problems at work in terms of attendance, performance or relationships. Youth may have recently lost a job.

NOTE: A rating of "2" or greater would result in the need for further specification of these needs through the completion of the [Vocational \(VOC\) Module](#).

Question I-7

LEGAL

This item indicates the youth's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified child's/youth's involvement is relevant to this rating. This item uses the juvenile justice definition of delinquent behavior—where there are findings of guilt. Only legal involvement based on the youth's behavior is rated here (not involved in the courts due to child/youth custody issues).

	Rating and Description
	<p>0 No current need: no need for action or intervention. Child/Youth has no known legal difficulties or involvement with the court system.</p>
Has your child/youth ever admitted to breaking the law?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has a history of legal problems (e.g., status offenses such as juvenile/family conflict, in-county runaway, truancy, petty offenses) but currently is not involved with the legal system; or immediate risk of involvement with the legal system.</p>
Has she ever been arrested?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).</p>
Has she ever been detained by police?	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement, or incarceration (ages 18 to 21) such as serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).</p>

LIFE DOMAIN FUNCTIONING

Question I-8

DECISION MAKING

This item describes the youth's age-appropriate decision making process and understanding of choices and consequences. NOTE: This item was previously labeled "Judgement" and was included in the Risk Domain.

	Rating and Description
How is the youth's judgment and ability to make good decisions?	<p>0 No current need: no need for action or intervention. No evidence of problems with judgment or decision making that result in harm to development and/or wellbeing.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to the youth's development and/or well-being.</p>
Does the youth typically make good choices for the youth?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Problems with judgment in which the child/youth makes decisions that are in some way harmful to the youth's development and/or well-being. As a result, more supervision is required than expected for the youth's age.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth makes decisions that would likely result in significant physical harm to self or others. Therefore, youth requires intense and constant supervision, over and above that expected for the youth's age.</p>

Question I-9

MEDICAL/PHYSICAL

This rating describes both health problems and chronic/acute physical conditions or impediments.

	Rating and Description
Is the child/youth generally healthy?	<p>0 No current need: no need for action or intervention. Child/Youth does not have any medical or physical problems, and/or the Child/Youth is healthy.</p>
Does she have any medical or physical problems?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.</p>
Does the child/youth have any physical limitations (such as may be caused by asthma e.g., child/youth cannot go to gym, or needs an inhaler)?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has serious medical or physical problems that require medical treatment or intervention. Or Child/Youth has a chronic illness or a physical challenge that requires ongoing medical intervention.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has a life-threatening illness or medical/physical condition. Immediate and/or intensive action should be taken due to imminent danger to youth's safety, health, and/or development.</p>

Question I-10

SEXUAL DEVELOPMENT

This item looks at broad issues of sexual development, including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The youth's sexual orientation, gender identity or expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

	Rating and Description
Do you know whether the child/youth is sexually active?	0 No current need: no need for action or intervention. Child/Youth has healthy sexual development.
Is there any reason to worry about their sexual behavior?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has some history or suspicion of problems with sexual development, but not interfere with her functioning in other life domains. May include the youth's concern about sexual orientation, gender identity, and expression (SOGIE), or anxiety about the reaction of others.
Has anyone ever been told that the child/youth has been part of any sexual activity?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has moderate to serious problems with sexual development that interfere with her functioning in other life domains.
Or, does the child/youth have less interest/more interest in sex than other children her age?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has severe problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.

NOTE: A rating of "2" or greater would result in the need for further specification of these needs through the completion of the [Sexuality Module](#).

Question I-11

SLEEP

This item rates the youth's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.

	Rating and Description
Does the child/youth enjoy normal sleep patterns and other periods of rest?	0 No current need: no need for action or intervention. Child/youth gets a full night's sleep each night.
Does the child/youth experience difficulties that cause an inability to fall or stay asleep?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/youth has some problems sleeping. Generally, child/youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed-wetting or having nightmares.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth is generally sleep deprived. Sleeping is difficult for the child/youth and she is not able to get a full night's sleep.

Question I-12

SCHOOL BEHAVIOR

This item rates the child's or youth's behavior in school or school-like settings (e.g., Head Start, pre-school). This is rated independently from attendance. Sometimes children are often truant but when they are in school they behave appropriately. If the school placement is in jeopardy due to behavior, or where the child/youth is still having problems after special efforts have been made (e.g., special education), this would be rated a "3." If the youth is no longer a student, N/A is used.

	Rating and Description - N/A - If child is too young or youth has finished school
How is the child/youth doing in school?	0 No current need: no need for action or intervention. Child/Youth is behaving well in school.
Has she had any problems?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth is behaving adequately in school although some behavior problems exist.
Has the teacher or other school personnel called anyone to talk about the child's/youth's behavior?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child's/Youth's behavior problems are interfering with functioning at school. She is disruptive and may have received sanctions including suspensions.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is having severe problems with behavior in school. She is frequently or severely disruptive. School placement may be in jeopardy due to behavior.

NOTE: A rating of "2" or greater would result in the need for further specification of these needs through the completion of the [School Module](#).

LIFE DOMAIN FUNCTIONING

Question I-13

SCHOOL ACHIEVEMENT

This item describes academic achievement and functioning. A child/youth having some problems with achievement and functioning would be rated a "1". A child/youth having moderate problems with achievement and failing some subjects would be rated a "2." A child/ failing most subjects or who is more than one year behind her peers would be a "3." Use developmental age instead of chronological age, if appropriate. If the youth is no longer a student, N/A is used.

	Rating and Description - N/A - If child is too young or youth has finished school I
<p>How is the child/youth doing academically in school?</p> <p>Is she having difficulty with any subjects?</p> <p>Is she at risk of failing any classes? Of being left back?</p>	0 No current need: no need for action or intervention. Child/Youth is doing well in school.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth is doing adequately in school although some problems with achievement exist.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is having moderate problems with school achievement. She may be failing some subjects.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is having severe achievement problems. She may be failing most subjects or more than one year behind same-age peers in school achievement.

NOTE: A rating of "2" or greater would result in the need for further specification of these needs through the completion of the [School Module](#).

Question I-14

SCHOOL ATTENDANCE

This item assesses the degree to which the child/youth attends school regardless of the cause. Both truancy and expulsion or suspension could be rated as school attendance problems. If school is not in session, rate the last 30 days when school was in session. If the youth is no longer a student, N/A is used.

	Rating and Description - N/A - If child is too young or youth has finished school
<p>Has the child/youth had any difficulty with getting to or staying in school?</p> <p>Has the teacher or other school personnel called anyone to talk about the child's/youth's attendance?</p>	0 No current need: no need for action or intervention. Child/Youth attends school regularly.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has some problems attending school but generally goes to school. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is having problems with school attendance. She is missing at least two days each week on average.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is generally truant or refusing to go to school.

NOTE: A rating of "2" or greater would result in the need for further specification of these needs through the completion of the [School Module](#).

STRENGTHS DOMAIN

STRENGTHS DOMAIN

This domain describes the assets of the youth that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a youth's strengths while also addressing his or her behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the youth's needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the 'best' assets and resources available to the youth are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

Question to Consider for this Domain: What youth strengths can be used to support a need?

For **Strengths items** the following action levels are used:

- 0** Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
- 1** Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
- 2** Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
- 3** An area in which no current strength is identified; efforts are needed to identify potential strengths.

Question II-1

FAMILY STRENGTHS

This item refers to the presence of a family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the youth's perspective (i.e., who the youth describes as family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the youth is still in contact.

	Rating and Description
<p>How does the child/youth care about others in her family?</p> <p>Is there usually good communication?</p> <p>How does the child/youth show caring for other family members?</p>	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</p> <p>Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the youth and is able to provide significant emotional or concrete support. Youth is fully included in family activities.</p>
	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</p> <p>Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the youth and is able to provide limited emotional or concrete support.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.</p> <p>Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths.</p> <p>Family needs significant assistance in developing relationships and communications or child/youth has no identified family. Youth is not included in normal family activities.</p>

STRENGTHS DOMAIN

Question II-2

INTERPERSONAL

This item is used to identify a child's/youth's social and relationship skills. This is rated independently of Social Functioning because a child/youth can have social skills but still struggle in her relationships at a particular point in time. Thus this strength indicates an ability to make and maintain long-standing relationships.

	Rating and Description
Do you feel that the child/youth is pleasant and likeable?	0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Significant interpersonal strengths. Child/Youth has well-developed interpersonal skills and friends.
Is she ever charming?	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/Youth has good interpersonal skills and has shown the ability to develop healthy friendships.
Do adults or other children like her?	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/Youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/Youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
Can the child/youth act correctly in some social settings?	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of observable interpersonal skills or healthy friendships at this time and/or youth requires significant help to learn to develop interpersonal skills and healthy friendships.

Question II-3

OPTIMISM

This rating should be based on the child's/youth's sense of herself in her own future. This rates the child's/youth's future orientation.

	Rating and Description
Does she have a generally positive outlook on things; have things to look forward to?	0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/Youth has a strong and stable optimistic outlook on her life.
Does she have plans for the future?	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/Youth is generally optimistic.
Is she forward-looking and seeing herself as likely to be successful?	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/Youth has difficulties maintaining a positive view of herself and her life. Child/Youth may vary from overly optimistic to overly pessimistic.
	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/Youth has difficulties seeing any positives about herself or her life.

STRENGTHS DOMAIN

Question II-4

EDUCATIONAL SETTING

This item is used to evaluate the nature of the school's relationship with the youth and family, as well as the level of support the youth receives from the school. Rate according to how much the school is an effective partner in promoting youth's functioning and addressing youth's needs in school.

	Rating and Description -N/A - If child is too young or youth has finished school
Is the child's/youth's school an active partner in figuring out how to best meet the child's/youth's needs?	0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. School works closely with child/youth and family to identify and successfully address child's/youth's educational needs OR child/youth excels in school.
Does the child/youth like school?	1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. School works with child/youth and family to identify and address child's/youth's educational needs OR child/youth likes school.
Has there been at least one year in which she did well in school?	2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. School currently unable to adequately address child's/youth's academic or behavioral needs.
When has the child/youth been at her best in preschool/school?	3 An area in which no current strength is identified; efforts are needed to identify potential strengths. There is no evidence of the school working to identify or successfully address the youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address child's/youth's needs and/or there is no school to partner with at this time.

STRENGTHS DOMAIN

Question II-5

VOCATIONAL

This item is used to refer to the strengths of the school/vocational environment and may or may not reflect any specific educational/work skills possessed by the youth. Generally this rating is reserved for youth/adolescents and is not applicable for children 12 years and under. Computer skills would be rated here.

<p>Does the child/youth know what she wants to 'be when she grows up?'</p> <p>Are her goals realistic?</p> <p>Has she ever worked?</p> <p>Does she have plans to go to college or vocational school, or for a career?</p>	<p>Rating and Description - N/A - If child/youth is too young for a job</p> <hr/> <p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Youth is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.</p> <hr/> <p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Youth is working; however, the job is not consistent with developmentally appropriate career aspirations.</p> <hr/> <p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Youth is temporarily unemployed. A history of consistent employment should be demonstrated and the potential for future employment without the need for vocational rehabilitation should be evidenced. This also may indicate a youth without a clear vocational preference.</p> <hr/> <p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Youth is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates a youth with no known or identifiable vocational skill and no expression of any future vocational preferences.</p>
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STRENGTHS DOMAIN

Question II-6

TALENTS/INTERESTS

This item refers to hobbies, skills, artistic interests and talents that are positive ways that young people can spend time and also gives them pleasure and a positive sense of self. It should be based broadly on any talent, creative or artistic skill a child/youth may have including art, theatre, music, athletics, etc.

<p>What are the things that the child/youth does particularly well?</p> <p>What does she enjoy?</p>	<p>Rating and Description</p>
	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/Youth has a talent that provides her with pleasure and/or self-esteem. Child/Youth with significant creative/artistic/athletic strengths would be rated here.</p>
	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/Youth has a talent, interest, or hobby with the potential to provide her with pleasure and self-esteem. This level indicates a youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/Youth has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide with any benefit.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/Youth has no identified talents, interests or hobbies at this time and/or requires significant assistance to identify and develop talents and interests.</p>

STRENGTHS DOMAIN

Question II-7

SPIRITUAL/RELIGIOUS

This item refers to the youth's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the youth; however, an absence of spiritual/religious beliefs does not represent a need for the family.

This item refers to the child's/youth's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the youth; however, an absence of spiritual/religious beliefs does not represent a need for the family.

	Rating and Description
Is the child/youth involved with any religious community?	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/Youth receives comfort and support from spiritual and/or religious and/or spiritual beliefs and practices and/or community. Child/Youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort her in difficult times.</p>
Does the child/youth have spiritual beliefs that provide comfort or support?	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/Youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/Youth has expressed some interest in religious or spiritual belief and practices.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/Youth has no identified religious or spiritual beliefs nor interest in these pursuits at this time.</p>

STRENGTHS DOMAIN

Question II-8

CULTURAL IDENTITY

Cultural identity refers to the child's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation or gender identity and expression (SOGIE).

NOTE: This item was previously "IDENTITY" and located in the Acculturation Domain.

	Rating and Description
<p>Is the child/youth involved with any religious community?</p> <p>Does the child/youth have spiritual beliefs that provide comfort or support?</p>	<p>0 Child/Youth has defined a cultural identity and is connected to others who support the youth's cultural identity.</p>
	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/Youth is developing a cultural identity and is seeking others to support the youth's cultural identity.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/Youth is searching for a cultural identity and has not connected with others.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/Youth does not express a cultural identity.</p>

STRENGTHS DOMAIN

Question II-9

COMMUNITY LIFE

This item reflects the youth's connection to people, places or institutions in their community. This connection is measured by the degree to which the youth is involved with institutions of that community which might include (but are not limited to) community centers, little league teams, jobs, after-school activities, religious groups, etc. Connections through specific people (e.g., friends and family) could be considered an important community connection, if many people who are important to the youth live in the same neighborhood. Children who have moved a lot or who have been in multiple foster care settings may have lost this sense of connection to community life and so might be rated a "3".

	Rating and Description
Are the child/youth and family active in a community?	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/Youth is well-integrated into her community. She is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g., Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.</p>
Is she a member of a community organization or group?	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/Youth is somewhat involved with her community. This level can also indicate a youth with significant community ties although they may be relatively short term.</p>
Is the family a part of a community?	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/Youth has an identified community but has only limited, or unhealthy ties to that community.</p>
Are there things that the child/youth does in her community?	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/Youth has no identified community to which she is a member.</p>

STRENGTHS DOMAIN

Question II-10

NATURAL SUPPORTS

Refers to unpaid helpers in the youth's natural environment. These include individuals who provide social support to the target youth and family. All family members and paid caregivers are excluded.

	Rating and Description
<p>Who does the youth consider to be a support?</p> <p>Does the youth have non-family members in the youth's life that are positive influences?</p>	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/Youth has significant natural supports that contribute to helping support the youth's healthy development.</p>
	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/Youth has identified natural supports that provide some assistance in supporting the youth's healthy development.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/Youth has some identified natural supports, however these supports are not actively contributing to the youth's healthy development.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/Youth has no known natural supports (outside of family/paid caregivers).</p>

Question II-11

RELATIONSHIP PERMANENCE

This rating refers to the stability of significant relationships in the child's or youth's life. This likely includes family members, but may also include other individuals.

	Rating and Description
<p>Does the child/youth have relationships with adults that have lasted her lifetime?</p> <p>Is she in contact with both parents?</p> <p>Are there relatives in the child's/youth's life with whom she has long-lasting relationships?</p>	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/Youth has very stable relationships. Family members, friends, and community have been stable for most of her life and are likely to remain so in the foreseeable future. Child/Youth is involved with both parents.</p>
	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/Youth has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/Youth has had at least one stable relationship over her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/Youth does not have any stability in relationships. Independent living or adoption must be considered.</p>

NOTE: A rating of "2" or greater would result in the need for further specification of these strengths through the completion of the [Permanency Module](#).

STRENGTHS DOMAIN

Question II-12

WELL-BEING

This rating should be based on the psychological strengths that the child/youth might have developed, including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the child's/youth's current level of distress.

	Rating and Description
<p>How does the child/ youth deal with difficult or stressful situations?</p> <p>What positive happy life experiences does the child/youth enjoy?</p> <p>Is the child/youth happy?</p>	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. This level indicates a child/youth with exceptional psychological strengths. Both coping and savoring skills are well-developed.</p>
	<p>1 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. This level indicates a child/youth with good psychological strengths. The person has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.</p>
	<p>2 Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. This level indicates a child/youth with limited psychological strengths. For example, a person with very low self-esteem would be rated here.</p>
	<p>3 An area in which no current strength is identified; efforts are needed to identify potential strengths. This level indicates a child/youth with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.</p>

Question II-13

RESILIENCE

This item describes the child's/youth's ability to recognize her internal strengths and use them in times of stress and in managing daily life. Resilience also refers to the youth's ability to bounce back from stressful life events. A child/youth who plays the guitar and uses the practice to help her deal with stress is an example. Another example is a child/youth who is very interested in art and is pursuing a career in graphics art.

	Rating and Description
<p>What does the youth do well?</p> <p>Is the youth able to recognize the youth's skills as strengths?</p> <p>Is the youth able to use the youth's strengths to problem solve and address difficulties or challenges?</p>	<p>0 Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.</p>
	<p>1 Child/Youth's internal strength in overcoming or the ability to bounce back is a core part of identity and associated with a well-developed and recognizable set of supports and strengths for dealing with challenges.</p>
	<p>2 Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</p>
	<p>3 Child/Youth uses internal strengths in overcoming or the ability to bounce back for healthy development, problem solving, or dealing with stressful life events.</p>

STRENGTHS DOMAIN

Question II-14

RESOURCEFULNESS

This item describes the child's/youth's ability identify and use external/environmental strengths in managing daily life. A child/youth who seeks out a coach for counsel would be an example. Or a child/youth who uses her church group for support would be another example.

<p>Is the child/youth aware of these strengths?</p> <p>Is she creative about finding people or things in her environment that help her cope or lead a healthy life style?</p>	Rating and Description	
	0	Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan. Child/Youth is quite skilled at finding the necessary resources required to aid her in managing challenges.
	1	Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment. Child/Youth has some skills at finding necessary resources required to aid her in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.
	2	Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan. Child/Youth has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
	3	An area in which no current strength is identified; efforts are needed to identify potential strengths. Child/Youth has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

CULTURAL FACTORS

CULTURAL FACTORS

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks family's primary language, and/or ensure that a youth in placement has the opportunity to participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that children and youth may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

It is important to remember when using the CANS that the family should be defined from the individual youth's perspective (i.e., who the individual describes as part of her/his family). The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individual when rating these items and creating a treatment or service plan.

Question to Consider for this Domain: How does the youth's membership in a particular cultural group impact his or her stress and wellbeing?

For the **Cultural Factors Domain**, use the following categories and action levels:

- 0** No current need; no need for action or intervention.
- 1** History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2** Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3** Problems are dangerous or disabling; requires immediate and/or intensive action.

Question III-1

LANGUAGE

This item looks at whether the youth and family need help with communication to obtain the necessary resources, supports and accommodations (e.g., interpreter). This item includes spoken, written, and sign language, as well as issues of literacy.

In immigrant families, the child(ren) often becomes the translator. While in some instances, this might work well, it may become a burden on the child/youth, or the family, say in a juvenile justice situation might not translate accurately, and so assessing this item depends on the particular circumstances

	Rating and Description
What language does the family speak at home?	0 No current need: no need for action or intervention. No evidence that there is a need or preference for an interpreter and/or the child/youth and family speak and read the primary language where the youth or family lives.
Is there a youth interpreting for the family in situations that may compromise the youth or family's care?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth and family speak or read the primary language where the youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.
Does the youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth and/or significant family members do not speak the primary language where the youth or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual can be identified within natural supports.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth and/or significant family members do not speak the primary language where the youth or family lives. Translator or family's native language speaker is needed for successful intervention and no such individual is available from among natural supports.

CULTURAL FACTORS

Question III-2

TRADITIONS AND RITUALS

This item rates the youth and family's access to and participation in cultural tradition, rituals or activities and traditions that are culturally "including" the celebration of culturally specific holidays such as Kwanza, Cinco de Mayo, etc. This may also include daily activities that are culturally specific (e.g., praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

	Rating and Description
<p>Does the child/youth celebrate culturally-specific and/or religious holidays?</p> <p>-with her family?</p> <p>-independent of her family?</p>	<p>0 No current need: no need for action or intervention. Child/Youth and/or family are consistently able to practice rituals consistent with their cultural identity.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth and/or family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth and family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth and family are unable to practice their chosen traditions and rituals consistent with their cultural identity.</p>

CULTURAL FACTORS

Question III-3

CULTURAL STRESS

This item identifies circumstances in which the youth's cultural identity is met with hostility or other problems within the youth's environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the youth and the youth's family). Racism, negativity toward SOGIE and other forms of discrimination would be rated here.

	Rating and Description
Does the child/youth have a different cultural framework than her primary caregiver?	<p>0 No current need: no need for action or intervention. No evidence of stress between individual's cultural identity and current living situation.</p>
Does the child/youth experience feelings of distress as a result of this living arrangement?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Some mild or occasional stress resulting from friction between the individual's cultural identity and her current living situation.</p>
Does the child/youth feel discriminated against?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. She needs support to learn how to manage culture stress.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Youth needs immediate plan to reduce culture stress.</p>

CAREGIVER NEEDS & STRENGTHS

CAREGIVER NEEDS & STRENGTHS

This section focuses on the strengths and needs of the caregiver. Caregiver ratings should be completed by household. If multiple households are involved in the planning, then this section should be completed once for each household under consideration. If the youth is in a foster care or out-of-home placement, please rate the identified parent(s), other relative(s), adoptive parent(s), or caretaker(s) who is planning to assume custody and/or take responsibility for the care of this youth.

Question to Consider for this Domain: What are the resources and needs of the youth's caregiver(s)?

For **Permanency Planning Caregiver Strengths and Resources Domain**, use the following categories and action levels:

- 0** No current need; no need for action or intervention.
- 1** History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2** Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3** Problems are dangerous or disabling; requires immediate and/or intensive action.

Question IV-1

SUPERVISION

This item refers to the caregiver's ability to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense as all of the things that parents/caregivers can do to promote positive behavior with their children. A mother who reports frequent arguments with her teenage son, who is not following house rules, is staying out all night and who may be using drugs or alcohol may be rated a "2."

	Rating and Description
<p>How does the caregiver feel about her ability to keep an eye on and discipline the child/ youths/children?</p> <p>Does the caregiver think that he/she might need some help with these issues?</p>	<p>0 No current need: no need for action or intervention. No evidence caregiver needs help or assistance in monitoring or disciplining the youth, and/or caregiver has good monitoring and discipline skills.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver generally provides adequate supervision, but is inconsistent. May need occasional help or technical assistance.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/Youth is at risk of harm due to absence of supervision.</p>

CAREGIVER NEEDS & STRENGTHS

Question IV-2

INVOLVEMENT WITH CARE

This item rates the caregiver's participation in the youth's care and ability to advocate for the youth.

	Rating and Description
<p>How does the caregiver feel about being involved in services for the child/youth?</p> <p>Does the caregiver feel comfortable being an advocate?</p>	<p>0 No current need: no need for action or intervention. No evidence of problems with caregiver involvement in services or interventions, and/or Caregiver is able to act as an effective advocate for child/youth.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver is consistently involved in the planning and/or implementation of services for the youth but is not an active advocate on behalf of the youth. Caregiver is open to receiving support, education, and information.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver is not actively involved in the youth's services and/or interventions intended to assist their child/youth.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver wishes for child/youth to be removed from their care.</p>

Question IV-3

KNOWLEDGE

This item identifies the caregiver's knowledge of the youth's strengths and needs, and the youth's ability to understand the rationale for the treatment or management of these problems.

	Rating and Description
<p>Does the caregiver understand the youth's current mental health diagnosis and/or symptoms?</p> <p>Does the caregiver's expectations of the youth reflect an understanding of the youth's mental or physical challenges?</p>	<p>0 No current need: no need for action or intervention. No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the youth's psychological strengths and weaknesses, talents and limitations.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver, while being generally knowledgeable about the youth, has some mild deficits in knowledge or understanding of the youth's psychological condition, talents, skills and assets.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver does not know or understand the youth well and significant deficits exist in the caregiver's ability to relate to the youth's problems and strengths.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has little or no understanding of the youth's current condition. Caregiver's lack of knowledge about the youth's strengths and needs place the youth at risk of significant negative outcomes.</p>

Question IV-4

CAREGIVER NEEDS & STRENGTHS

ORGANIZATION

This item is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services.

	Rating and Description
	0 No current need: no need for action or intervention. Caregiver is well organized and efficient.
Does the caregiver think that she needs or wants help with managing the home?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
Does the caregiver have difficulty getting to appointments and/or managing a schedule?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver has moderate difficulty organizing and maintaining household to support needed services.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to organize household to support needed services.

Question IV-5

SOCIAL RESOURCES

This item rates the social assets (extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the youth and family.

	Rating and Description
	0 No current need: no need for action or intervention. Caregiver has significant social and family networks that actively helps with caregiving.
Does the caregiver have enough of what she needs to take care of the family's needs?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has some family or friend social network that actively help with caregiving.
Does the caretaker have family members or friends who can help her when she needs it?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Work needs to be done to engage family, friends or social network in helping with caregiving.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has no family or social network to help with caregiving.

Question IV-6

RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s) and does not include the likelihood that the youth or youth will be removed from the household.

	Rating and Description
<p>Is the caretaker's current housing situation stable?</p> <p>Does the caretaker have any concerns that she might have to move in the near future?</p> <p>Has the caretaker lost her housing?</p>	<p>0 No current need: no need for action or intervention. Caregiver has stable housing with no known risks of instability.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver has moved multiple times in the past year. Housing is unstable.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Family is homeless, or has experienced homelessness in the recent past.</p>

Question IV-7

MEDICAL/PHYSICAL

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit his or her ability to parent the youth. This item does not rate depression or other mental health issues.

	Rating and Description
<p>How is the caretaker's health?</p> <p>Does the caretaker have any health problems that make it hard for her to take care of the family?</p>	<p>0 No current need: no need for action or intervention. No evidence of medical or physical health problems. Caregiver is generally healthy.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver is in recovery from medical/physical problems.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.</p>

Question IV-8

MENTAL HEALTH

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity to provide care for the youth. Serious mental illness would be rated as a '2' or '3' unless the individual is in recovery.

	Rating and Description
Does the caretaker have any mental health needs that make parenting more difficult?	<p>0 No current need: no need for action or intervention. Caregiver has no mental health difficulties.</p> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.</p>
Does anyone else in the family have serious mental health needs?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver's mental health difficulties interfere with his or her capacity to parent.</p>
Does the caretaker help care for them?	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.</p>

Question IV-9

SUBSTANCE USE

This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the youth. Substance-related disorders would be rated as a '2' or '3' unless the individual is in recovery.

	Rating and Description
Does the caretaker have any substance abuse needs that make parenting more difficult?	<p>0 No current need: no need for action or intervention. Caregiver has no substance use issues.</p> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in his or her ability to parent.</p>
Does anyone else in the family have serious substance abuse needs?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver has some substance abuse difficulties that interfere with his or her capacity to parent.</p>
Does the caretaker help care for them?	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has substance abuse difficulties that make it impossible to parent the child/youth at this time.</p>

CAREGIVER NEEDS & STRENGTHS

Question IV-10

DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to provide care for the youth.

Has anyone ever told the caretaker that she may have developmental problems that makes parenting/caring for the child/youth more difficult?	Rating and Description	
	0	No current need: no need for action or intervention. Caregiver has no developmental needs.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has developmental challenges. The developmental challenges do not interfere with parenting.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.

Question IV-11

SAFETY

This item describes the caregiver's ability to maintain the youth's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed caregiver.

<p>Has the Department of Children & Family Services ever been involved with the caretaker's family?</p> <p>Is there any current concern about safety from a child protection perspective?</p>	Rating and Description	
	0	No current need: no need for action or intervention. Household is safe and secure. Child/Youth is not at risk from others.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is in some danger from one or more individuals with access to the household.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is in immediate danger from one or more individuals with unsupervised access.

NOTE: All referents are legally required to report suspected child abuse or neglect.

BEHAVIORAL/EMOTIONAL NEEDS

The ratings in this section identify the behavioral health needs of the youth. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels below, but a specific diagnosis is not required for items to be scored as actionable (i.e., '2' or '3').

Question to Consider for this Domain: What are the presenting social, emotional, and behavioral needs of the youth?

- 0** No current need; no need for action or intervention.
- 1** History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2** Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3** Problems are dangerous or disabling; requires immediate and/or intensive action.

Question V-1

PSYCHOSIS (THOUGHT DISORDER)

This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders. This item describes the caregiver's ability to maintain the child's/youth's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed caregiver. This item may also include substance-induced or related psychosis.

	Rating and Description
Has the child/youth ever talked about hearing, seeing or feeling something that was not actually there?	<p>0 No current need: no need for action or intervention. No evidence of psychotic symptoms. Both thought processes and content are within normal range.</p>
Has the child/youth ever done strange or bizarre things which make no sense?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Evidence of disruption in thought processes or content. Child/Youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes youth with a history of hallucinations but none currently. Use this category for youth who are below the threshold for one of the DSM diagnoses listed above.</p>
Does the child/youth have strange beliefs about things?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Evidence of disturbance in thought process or content that may be impairing the youth's functioning in at least one life domain. Child/Youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.</p>
Has anyone ever commented that the child/youth has a thought disorder or a psychotic condition?	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child/youth or others at risk of physical harm.</p>

Question V-2

IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders and mania as indicated in the DSM-5. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), and sexual behavior, fire-starting or stealing. Manic behavior is also rated here.

	Rating and Description
	<p>0 No current need: no need for action or intervention. No evidence of symptoms of loss of control of behavior.</p>
Is the child/youth able to sit still for any length of time?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or evidence of mild levels of impulsivity evident in action or thought that place the youth at risk of future functioning difficulties. The youth may exhibit limited impulse control, e.g., youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.</p>
Does she have trouble paying attention for more than a few minutes?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's/youth's ability to function in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.</p>
Is the child/youth able to control herself?	
Have other people commented that the child/youth is "hyper"?	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of a dangerous level of impulsive behavior that can place the child/youth at risk of physical harm. This indicates a youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The youth may be impulsive on a nearly continuous basis. The youth endangers self or others without thinking.</p>

Question V-3

DEPRESSION

Symptoms included in this item are irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders as specified in DSM-5.

	Rating and Description
Does the child/youth appear to be depressed or irritable?	0 No current need: no need for action or intervention. No evidence of problems with depression.
Has she withdrawn from normal activities?	1 Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.
Does the child/youth seem lonely or not interested in others?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's/youth's ability to function in at least one life domain.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a youth with a severe level of depression. This would include a youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.

Question V-4

ANXIETY

This item rates symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response.

	Rating and Description
Does the child/youth have any problems with anxiety or fearfulness?	0 No current need: no need for action or intervention. No evidence of anxiety symptoms.
Is she avoiding normal activities out of fear?	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.
Does the child/youth act frightened or afraid?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's/youth's ability to function in at least one life domain.
Does the child/youth worry a lot?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

Question V-5

MANIA

This item is used to rate symptoms of mania such as excitability, racing thoughts, rapid speech, and grandiosity.

	Rating and Description
Does the individual have periods or feeling super happy/excited for hours or days at a time? Does the individual have periods of feeling very angry/cranky for hours or days at a time?	0 This level is used to describe an individual with no evidence or relevant history of mania.
	1 This level is used to describe an individual where there are some concerns about mania either because their mood state appears to be elevating or because they have a history of mania.
	2 This level is used to describe an individual who is currently manic and that mania is interfering with their functioning in at least one life domain.
	3 This level is used to describe a dangerous or disabling level of mania.

Question V-5

OPPOSITIONAL (Non-compliance with Authority):

This item rates the youth's relationship with authority figures. Generally oppositional behavior is displayed in response to conditions set by a parent, teacher or other authority figure with responsibility for and control over the youth.

	Rating and Description
Does the youth follow their caregivers' rules?	0 No current need: no need for action or intervention. No evidence of oppositional behaviors.
Have teachers or other adults reported that the youth does not follow rules or directions?	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
Does the youth argue with adults when they try to get the youth to do something?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child's/youth's functioning in at least one life domain. Behavior causes emotional harm to others. A youth whose behavior meets the minimal criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.
Does the youth do things that they have been explicitly told not to do?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the youth has severe problems with compliance with rules or adult instruction or authority.

Question V-6

CONDUCT

This item rates the degree to which a youth engages in behavior that is consistent with the presence of a Conduct Disorder. These symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, and/or assault.

	Rating and Description
	<p>0 No current need: no need for action or intervention. No evidence of serious violations of others or laws.</p>
<p>Is the child/youth honest?</p> <p>How does the child/youth handle telling the truth/lies?</p>	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The child/youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.</p>
<p>Is the child /youth involved in any criminal behavior?</p> <p>Has the child/youth ever shown violent or threatening behavior towards others?</p>	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child/youth whose behavior meets the minimal criteria for a diagnosis of Conduct Disorder would be rated here.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Evidence of a severe level of conduct problems as described above that places the child/youth or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.</p>

Question V-7

ADJUSTMENT TO TRAUMA

This item is used to describe the youth who is having difficulties adjusting to a traumatic experience, as defined by the youth. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior

	Rating and Description
	0 No current need: no need for action or intervention. No evidence that youth has experienced a traumatic life event, OR youth has adjusted well to traumatic/adverse experiences.
Has the child/youth experienced a traumatic event? Does she experience frequent nightmares?	1 Identified need requires monitoring, watchful waiting, or preventive activities. The youth has experienced a traumatic event and there are some changes in his/her behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
Is she troubled by flashbacks? Is she unusually afraid of being alone, or of participating in normal activities?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of adjustment problems associated with traumatic life event/s. Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child's/youth's functioning in at least one life domain.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma.

NOTE: A rating of a "2" or greater would result in the need for further specification of these needs through the completion of the [Trauma Module](#).

Question V-8

ATTACHMENT DIFFICULTIES

This item rates the level of difficulties the youth has with attachment and their ability to form relationships.

Rating and Description	
<p>Does the child/youth struggle with separating from caregiver?</p>	<p>0 No current need: no need for action or intervention. No evidence of attachment problems. Caregiver-child/youth relationship is characterized by mutual satisfaction of needs and youth's development of a sense of security and trust. Caregiver is able to respond to child/youth cues in a consistent, appropriate manner, and child/youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.</p>
<p>Does the child/youth approach or attach to strangers</p>	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Some history or evidence of insecurity in the caregiver-child/youth relationship. Caregiver may have difficulty accurately reading child's/youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child/Youth may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child/Youth may have minor difficulties with appropriate physical/emotional boundaries with others.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Problems with attachment that interfere with child's/youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child/youth cues, act in an overly intrusive way, or ignore/avoid youth bids for attention/nurturance. Child/Youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child/youth presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child/Youth is considered at ongoing risk due to the nature of her attachment behaviors. Child/Youth may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child/youth may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.</p>

Question V-9

ANGER CONTROL

This item describes the child's/youth's ability to identify and manage her anger when frustrated. Everybody gets angry sometimes, so this item is intended to identify individuals who are more likely than average to become angry and that this control problem leads to problems with functioning.

	Rating and Description
How does the child/youth control her temper?	0 No current need: no need for action or intervention. No evidence of any anger control problems.
Does she get upset or frustrated easily?	1 Identified need requires monitoring, watchful waiting, or preventive activities. History, suspicion of, or evidence of some problems with controlling anger. Child/Youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
Does she become physical when angry?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Youth's difficulties with controlling anger are impacting functioning in at least one life domain. Youth's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
Does she have a hard time if someone criticizes or rejects her?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child's/Youth's temper or anger control problem is dangerous. She frequently gets into fights that are often physical. Others likely fear the youth.

Question V-10

EATING DISTURBANCES

These symptoms include problems with eating, including disturbances in body image, refusal to maintain normal body weight (including obesity) and recurrent episodes of binge eating. These ratings are consistent with Eating Disorders included in the DSM.

	Rating and Description
<p>Is the child/youth preoccupied with body image, weight, excessive exercise, refusal to eat, over-eating and/or bingeing and purging?</p> <p>Does the child/youth have any medical problems incidental to eating disorders?</p>	<p>0 No current need: no need for action or intervention. This rating is for a child/youth with no evidence of eating disturbances.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This rating is for a child/youth with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. This rating is for a child/youth with a moderate level of eating disturbance which is impacting her ability to function or be healthy. This could include a variety of behaviors related to multiple diagnoses (e.g., Anorexia or Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder, Pica); however, no specific diagnosis is required for this action level.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. This rating is for a child/youth with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).</p>

Question V-11

EMOTIONAL AND/OR PHYSICAL DYSREGULATION

This item focuses on the child's/youth's ability to regulate emotional and physical expression (e.g., calming down after getting upset), which is most easily seen as their ability to react to an event with the normal range of emotions. Youth has difficulties with arousal regulation or expressing emotions and energy states.

Is child/youth able to regulate their affect?	Rating and Description
Does the child/youth overreact to situations?	<p>0 No current need: no need for action or intervention. Child/Youth has no problems with regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.</p>
When upset, can she calm down within an appropriate time?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. History or evidence of difficulties with affect/physiological regulation. The child/youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has problems with affect/physiological regulation that are impacting his/her functioning in some life domains, but is able to control affect at times. The child/youth may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The child/youth may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g., silly behavior, loose active limbs).</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). The child/youth may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, the child/youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally "shut down"). The child/youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.</p>

Question V-12

BEHAVIORAL REGRESSIONS

These ratings are used to describe shifts in previously adaptive functioning evidenced in regressions in behaviors or physiological functioning.

Does the child/youth exhibit age-inappropriate behavior?	Rating and Description
Is there a significant issue that is causing the child/youth to have age-regressive behaviors?	<div data-bbox="500 375 1508 445"> <p>0 No current need: no need for action or intervention. This rating is given to a child/youth with no evidence of behavioral regression.</p> </div> <div data-bbox="500 453 1508 556"> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This rating is given to a child/youth with some regressions in age-level of behavior (e.g., thumb sucking, whining when age inappropriate).</p> </div> <div data-bbox="500 564 1508 772"> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. This rating is given to a child/youth with moderate regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting.</p> </div> <div data-bbox="500 781 1508 949"> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. This rating is given to a child/youth with more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control.</p> </div>

Question V-13

SOMATIZATION

These symptoms include the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudo seizures) and associated with psychosocial distress and medical help-seeking.

Does the child/youth often complain of medical symptoms without medical cause?	Rating and Description
Is there a significant issue that is causing the child/youth to have somatic complaints?	0 No current need: no need for action or intervention. This rating is for a child/youth with no evidence of somatic symptoms.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. This rating indicates a child/youth with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. This rating indicates a child/youth with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child/youth may meet criteria for a somatoform disorder. Additionally, the child/youth could manifest any conversion symptoms here (e.g., pseudo seizures, paralysis).
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. This rating indicates a child/youth with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

Question V-14

SUBSTANCE USE

This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a youth. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders. This item does not apply to the use of tobacco or caffeine.

	Rating and Description
Do you know whether the child/youth has used alcohol or any kind of drugs on more than an experimental basis?	<p>0 No current need: no need for action or intervention. Child/Youth has no notable substance use difficulties at the present time.</p>
Is there a suspicion that the child/youth may have an alcohol or drug use problem?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.</p>
Has anyone reported that they think the child/youth might be using alcohol or drugs?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.</p> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the youth.</p>

NOTE: A rating of a "2" or greater would result in the need for further specification of these needs through the completion of the **Substance Use Disorder (SUD) Module**

RISK BEHAVIORS

RISK BEHAVIORS

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

Question to Consider for this Domain: Does the youth's behaviors put the youth at risk for serious harm?

- 0** No current need; no need for action or intervention.
- 1** History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.
- 2** Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3** Problems are dangerous or disabling; requires immediate and/or intensive action.

Question VI-1

SUICIDE RISK

This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of a child/youth to end his/ her life. A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frames for each rating

	Rating and Description
Has the child/youth ever talked about a wish to die or to kill herself?	<p>0 No current need: no need for action or intervention. No evidence of suicidal ideation.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Recent ideation or gesture. Recent, but not acute, suicidal ideation or gesture.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Current ideation and intent OR command hallucinations that involve self-harm. Current suicidal ideation or intent.</p>
Has the child/youth ever talked about a plan to kill herself?	
Has she ever tried to commit suicide?	

RISK BEHAVIORS

Question VI-2

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This rating includes repetitive physically harmful behavior that generally serves a self-soothing functioning with the child/youth (e.g., cutting, carving, burning self, face slapping, head banging, etc.).

	Rating and Description
Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?	0 No current need: no need for action or intervention. No evidence of any forms of self-injury.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. A history or suspicion of self-injurious behavior.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
Does the youth ever purposely hurt oneself (e.g., cutting)?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the youth's health at risk.

Question VI-3

OTHER SELF HARM (RECKLESSNESS)

This rating includes reckless and dangerous behaviors that while not intended to harm self or others, place the child/youth or others at some jeopardy. Suicidal or self-injurious behavior are NOT rated here.

	Rating and Description
Has the child/youth ever talked about or acted in a way that might be dangerous to herself (e.g., reckless behavior such as car/bus surfing, dare-devil behavior, DUI, etc.)?	0 No current need: no need for action or intervention. No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. History, suspicion, or mild behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm such as reckless and dangerous risk-taking behavior.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.
Has the child/youth placed themselves in dangerous situations that compromise physical safety (e.g., young females hanging out with older men, getting high in risky neighborhoods, etc.)?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places her at immediate risk of death.

RISK BEHAVIORS

Question VI-4

DANGER TO OTHERS

This item rates the youth's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. Reckless behavior that may cause physical harm to others is not rated on this item. Imagined violence when extreme, may be rated here. A rating of 2 or 3 would indicate the need for a safety plan.

	Rating and Description
Has the child/youth ever injured another person on purpose? Does she get into physical fights?	<p>0 No current need: no need for action or intervention. No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Occasional or moderate level of aggression towards others. Youth has made verbal threats of violence towards others.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Youth is an immediate risk to others.</p>
Has the child/youth ever threatened to kill or seriously injure another person?	

NOTE: A rating of a "2" or greater would result in the need for further specification of these needs through the completion of the [Violence Module](#).

RISK BEHAVIORS

Question VI-5

SEXUAL AGGRESSION

This item is intended to describe both aggressive sexual behavior and sexual behavior in which the youth takes advantage of a younger or less powerful youth. The severity and recency of the behavior provide the information needed to rate this item.

	Rating and Description
<p>Has the child/youth ever been accused of being sexually aggressive with another child?</p> <p>Has the youth had sexual contact with a younger individual?</p>	<p>0 No current need: no need for action or intervention. No evidence of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public masturbation.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth engages in sexually aggressive behavior that negatively impacts functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.</p>

NOTE: A rating of a "2" or greater would result in the need for further specification of these needs through the completion of the [Sexually Aggressive Behavior \(SAB\) Module](#).

RISK BEHAVIORS

Question VI-6

RUNAWAY

This item describes the risk of running away or actual runaway behavior. In general, to classify as a runaway or elopement, the child/youth is gone overnight or very late into the night. Impulsive behavior that represents an immediate threat to personal safety would also be rated here.

	Rating and Description
Has the child/youth ever run away from home, school or any other place?	0 No current need: no need for action or intervention. Child/Youth has no history of running away or ideation of escaping from current living situation.
If so, where did they go?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has no recent history of running away but has not expressed ideation about escaping current living situation. Youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
How long did they stay away?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has run from home once or run from one treatment setting. Also rated here is a youth who has runaway to home (parental or relative).
How were they found?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has run from home and/or treatment settings in the recent past and present an imminent flight risk. A youth who is currently a runaway is rated here.
Do they ever threaten to run away?	

NOTE: A rating of a "2" or greater would result in the need for further specification of these needs through the completion of the [Runaway Module](#).

Question VI-7

DELINQUENT BEHAVIOR

This rating includes both criminal behavior and status offenses that may result from child or youth failing to follow required behavioral standards (e.g., truancy, curfew violations, sexual offenses, and driving without a license).

	Rating and Description
Has the child/youth been involved in any delinquent activities, including truancy and curfew violations?	0 No current need: no need for action or intervention. No evidence or no history of delinquent behavior.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. History or suspicion of delinquency but none in the recent past. Status offenses would generally be rated here.
Has the child/youth ever been arrested?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Serious recent acts of delinquent activity that place others at risk of significant loss or injury or place child/youth at risk of adult sanctions (e.g., car theft, residential burglary, and gang involvement).

NOTE: A rating of a "2" or greater would result in the need for further specification of these needs through the completion of the [Juvenile Justice \(JJ\) Module](#).

RISK BEHAVIORS

Question VI-8

FIRE SETTING

This item refers to behavior involving the intentional setting of fires that might be dangerous to the child/youth or others. This includes both malicious and non-malicious fire-setting. This does not include the use of candles or incense or matches to smoke.

	Rating and Description
<p>Has the child/youth ever played with matches, or set a fire? If so, please describe what happened.</p> <p>Did the fire setting behavior destroy property or endanger the lives of others?</p>	0 No current need: no need for action or intervention. No evidence of fire setting by the child/youth.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. This may have been a risk behavior in the past. History of fire setting but not in the recent past.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Recent fire setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Acute threat of fire setting. Set fire that endangered the lives of others (e.g., attempting to burn down a house).

NOTE: A rating of a "2" or greater would result in the need for further specification of these needs through the completion of the [Fire Setting \(FS\) Module](#).

RISK BEHAVIORS

Question VI-9

INTENTIONAL MISBEHAVIOR

This rating describes intentional behaviors that a child/youth engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which she lives) that put the child/youth at some risk of consequences. It is not necessary that the youth be able to articulate the purpose of her misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., youth feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for youth who engage in such behavior solely due to development delays.

NOTE: This item was formally labeled as "SOCIAL BEHAVIOR (aka Sanction Seeking Behavior)"

Does the child/youth ever intentionally do or say things to upset others or get in trouble with people in positions of authority?	Rating and Description
Has the child/youth engaged in behaviors that were insulting, rude or obnoxious and which resulted in sanctions for the youth such as suspension, job dismissal, etc.?	0 No current need: no need for action or intervention. No evidence of problematic social behavior. Child/Youth shows no evidence of problematic social behaviors that cause adults to administer consequences.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Some problematic social behaviors that force adults to administer consequences to the youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences is causing problems in the youth's life.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Frequent seriously inappropriate social behavior force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g., expulsion, removal from the community).

RISK BEHAVIORS

Question VI-10

EXPLOITATION

This item examines the history and level of current risk for exploitation which includes being bullied or taken advantage of by others, including physical or sexual abuse and/or exploitation.

<p>Is someone taking advantage of the child/youth?</p> <p>Does the child/youth appear beholden or under the control of someone?</p>	<p>Rating and Description</p> <p>0 No current need: no need for action or intervention. This level indicates a person with no evidence of recent exploitation and no significant history of victimization within the past year. The person may have been victimized in the past, but no pattern of victimization exists. Person is not presently at risk for re-victimization.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This level indicates a person with a history of exploitation but who has not been exploited to any significant degree in the past year. Person is not presently at risk for re-victimization.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. This level indicates a child/adolescent who has been recently exploited (within the past year) but is not in acute risk of re-exploitation.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. This level indicates a child/adolescent who has been recently exploited and is in acute risk of re-exploitation.</p>
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AGES 0 through 5/EARLY CHILDHOOD MODULE

The items in the Early Childhood Module (EC-1 to EC-19) are intended to focus on elements of a young child's functioning that are salient during the first 5 years of development.

Question EC-1

MOTOR

This rating describes the child's fine (e.g., hand grasping and manipulation) and gross (e.g., sitting, standing, walking) motor functioning.

	Rating and Description
Does the child balance, sit, crawl or walk according to age?	<p>0 No current need: no need for action or intervention. Child's fine and gross motor functioning appears normal. There is no reason to believe that the child has any problems with motor functioning.</p>
Does the child pick up, grab, and hold objects according to age?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. The child has mild fine (e.g., using scissors) or gross motor skill deficits. The child may have exhibited delayed sitting, standing, or walking, but has since reached those milestones.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. The child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g., reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here. A full-term newborn who does not have a sucking reflex in the first few days of life would be rated here.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The child has severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift her head.</p>

MODULES

Question EC-2

SENSORY

This rating describes the child's ability to use all senses (i.e., vision, hearing, smell, touch, and taste) as well as their sense of balance, movement, and awareness/coordination of their body (i.e., kinesthetic).

	Rating and Description
	<p>0 No current need: no need for action or intervention. The child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.</p>
Does the child hear well?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. The child has mild impairment on a single sense (e.g., mild hearing deficits, correctable vision problems).</p>
Does the child see well?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. The child has moderate impairment on a single sense or mild impairment on multiple senses (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).</p>
Does the child seem averse to touching certain objects, texture or surfaces?	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The child has significant impairment on one or more senses (e.g., profound hearing or vision loss).</p>

Question EC-3

COMMUNICATION

This rating describes the child's ability to communicate through any medium including all spontaneous vocalizations and articulations.

	Rating and Description
	<p>0 No current need: no need for action or intervention. Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.</p>
Does the child repeat, vocalize or speak according to age?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child's receptive abilities are intact, but child has limited expressive capabilities (e.g., if the child is an infant, she engages in limited vocalizations; if older than 24 months, she can understand verbal communication, but others have unusual difficulty understanding child).</p>
Does the child point to or ask for objects according to age?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child has limited receptive and expressive capabilities.</p>
Does the child respond appropriately to a request?	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child is unable to communicate in any way, including pointing or grunting.</p>

Question EC-4

AGGRESSION

Explores whether there have been times when a child hurt or threatened to hurt another child or adult.

	Rating and Description
Has the child made threats of harm toward others?	0 No current need: no need for action or intervention. There is no reason to believe that the child has any problems with aggression.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is suspicion of aggression and this should be monitored.
Has the child acted aggressively (e.g., hit, kicked) toward others in a manner which is not typical to her age?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child expresses or engages in aggression to the point that it is impacting relations and her ability to function.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child engages in dangerous aggressive behaviors or expresses threats which are severe in nature. Child's aggression seriously impacts functioning.

Question EC-5

REGULATORY PROBLEMS

This item focuses on all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.

	Rating and Description
Is the child irritable?	0 No current need: no need for action or intervention. Child does not appear to have any problems with self-regulation
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child has mild problems with self-regulation (e.g., unusually intense activity level, mild or transient irritability).
Does the child sleep for only short periods of time or extended periods of time?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child has moderate to severe problems with self-regulation (e.g., chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child has profound problems with self-regulation that place her safety, well-being, and/or development at risk (e.g., child cannot be soothed at all when distressed, child cannot feed properly).

Question EC-6

FAILURE TO THRIVE

Symptoms of failure to thrive focus on normal physical development such as growth and weight gain.

	Rating and Description
Was the child born underweight or prematurely?	0 No current need: no need for action or intervention. The child does not appear to have any problems with regard to weight gain or development. There is no evidence of failure to thrive.
Is the child gaining weight according to age?	1 Identified need requires monitoring, watchful waiting, or preventive activities. The child has mild delays in physical development (e.g., is below the 25 th percentile in terms of height or weight).
Does the child have any medical conditions that would prohibit appropriate growth?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. The child has significant delays in physical development that could be described as failure to thrive (e.g., is below the 10 th percentile in terms of height or weight).
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. The child has severe problems with physical development that puts their life at risk (e.g., is at or beneath the 1 st percentile in height or weight).

Question EC-7

PICA

This item describes an eating disorder involving the compulsive ingestion of non-nutritive substances. Generally, the child must be older than 18 months to be considered with this problem.

	Rating and Description
Does the child chew on paper, cardboard or other non-nutritive objects?	0 No current need: no need for action or intervention. No evidence that the child eats unusual or dangerous materials.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child has repeatedly eaten unusual or dangerous materials consistent with the diagnosis of Pica; however, this behavior has not occurred in the past 30 days.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child has eaten unusual or dangerous materials consistent with the diagnosis of Pica in the past 30 days.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child has become physically ill during the past 30 days by eating dangerous materials (e.g., lead paint).

Question EC-8

BIRTH WEIGHT

This item focuses on the child's weight as compared to normal development.

Please rate the highest level using birth weight ranges provided in **anchors**.

Was the child born underweight, overweight or at normal weight?	<p>Rating and Description - "Unknown" if no reliable source of information is available</p> <p>0 Child is within normal range for weight and has been since birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.</p> <p>1 Child was born underweight but is now within normal range or child is slightly beneath normal range. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.</p> <p>2 Child is considerably under weight to the point of presenting a development risk to the child. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.</p> <p>3 Child is extremely under weight to the point of the child's life is threatened. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.</p>
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Question EC-9

PRENATAL CARE

This item focuses on the health care and birth circumstances experienced by the child in utero.

Please rate the highest level **during pregnancy**.

Did the child's mother obtain prenatal care?	<p>Rating and Description - "Unknown" if no reliable source of information is available</p> <p>0 Child's biological mother had adequate prenatal care (e.g., 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.</p> <p>1 Child's mother had some short-comings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here (her care must have begun in the first or early second trimester). A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.</p> <p>2 Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.</p> <p>3 Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/pre-eclampsia would be rated here.</p>
If yes, how many prenatal visits did she attend?	
If not, were there extenuating circumstances for lack of prenatal care?	
Did the mother experience any pregnancy related illnesses?	

Question EC-10

LABOR AND DELIVERY

This item focuses on the conditions associated with, and consequences arising from, complications in labor and delivery of the child.

Please rate the highest level using events and Apgar score indicated in **anchors**.

Was the child born naturally or via C-section?	Rating and Description - "Unknown" if no reliable source of information is available
If C-section, was it planned or emergency?	0 Child and biological mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
Were there any complications during delivery?	1 Child or mother had some mild problems during delivery, but child does not appear to be affected by these problems. An emergency C-Section or a delivery-related physical injury (e.g., shoulder displacement) to the child would be rated here.
Did the mother require additional medical attention after delivery?	2 Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or who needed some resuscitative measures at birth, would be rated here.
Did the child require additional medical attention after delivery?	3 Child had severe problems during delivery that have long-term implications for development (e.g., extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.

Question EC-11

SUBSTANCE EXPOSURE

This item focuses on the child's exposure to substance use and abuse both before and after birth

Please rate the highest level from the **time in utero and since birth**.

Was the child exposed to alcohol, tobacco or other drugs while in utero?	Rating and Description - "Unknown" if no reliable source of information is available
Does the mother have substance use or abuse problems?	0 Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
	1 Child had either mild in utero exposure (e.g., mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home.
	2 Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine), or significant use of alcohol or tobacco, would be rated here.
	3 Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

Question EC-12

MATERNAL AVAILABILITY

This item focuses on the primary caretaker's emotional and physical availability to the child in the weeks immediately following the birth. Rate maternal availability up until 3 months (12 weeks) post-partum.

Please rate the highest level during up until **3 months (12 weeks) post-partum**.

Was the mother able to recover normally after delivery?	Rating and Description - "Unknown" if no reliable source of information is available
Was the mother able to breastfeed?	0 The child's mother/primary caretaker was emotionally and physically available to the child in the weeks following the birth.
Was the mother able to care for her child?	1 The primary caretaker experienced some minor or transient stressors which made her slightly less available to the child (e.g., another child in the house under two years of age, an ill family member for whom the caretaker had responsibility, or returned to work before the child reached six weeks of age).
Did the mother experience the "Baby Blues", an episode of depression, or other medical condition that might have kept her away from her baby after giving birth?	2 The primary caretaker experienced a moderate level of stress sufficient to make her significantly less emotionally and physically available to the child in the weeks following the birth (e.g., major marital conflict, significant post-partum recuperation issues or chronic pain, two or more children under four)
	3 The primary caretaker was unavailable to the child to such an extent that the child's emotional or physical well-being was severely compromised (e.g., a psychiatric hospitalization, a clinical diagnosis of severe Post-Partum Depression, any hospitalization for medical reasons which separated caretaker and child for an extended period of time, divorce or abandonment).

Question EC-13

PARENT OR SIBLING PROBLEMS

This item focuses on how this child's parents and older siblings have done/are doing in their respective development.

	Rating and Description
Did the mother have previous normal deliveries?	0 No current need: no need for action or intervention. The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.
Do any siblings have any medical problems or developmental delays?	1 Identified need requires monitoring, watchful waiting, or preventive activities. The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems (e.g., Attention Deficit, Oppositional Defiant, or Conduct Disorders). It may be that child has at least one healthy sibling.
Do the parents have significant medical issues or developmental delays?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem (e.g., a severe version of any of the disorders cited above, or any developmental disorder).
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems (all siblings must have some problems).

Question EC-14

EMPATHY FOR THE CHILD

This item focuses on the child's caregiver's ability to have support and understanding of child.

	Rating and Description
Does the caregiver have a strong capacity to understand how the child is feeling?	0 No current need: no need for action or intervention. Caregiver is strong in her capacity to understand how the child is feeling and consistently demonstrates this in interactions with the child.
Does the caregiver have the ability to understand how the child is feeling most of the time?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has the ability to understand how the child is feeling in most situations and is able to demonstrate support the child in this area most of the time.
Does the caregiver have the ability to empathize in some situations?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver is only able to empathetic toward the child in some situations and at times the lack of empathy interferes with the child's growth and development.
Does the lack of empathy impede development?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver shows not empathy for the child in most situations especially when the child is distressed. Caregiver's lack of empathy is impeding the child's development.

Question EC-15

CURIOSITY

This item focuses on the child's self-initiated efforts to discover her world.

	Rating and Description
Does the child crawl or walk toward objects of interest?	0 No current need: no need for action or intervention. This level indicates a child with exceptional curiosity. Infants display mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
Does the child ask about objects of interest?	1 Identified need requires monitoring, watchful waiting, or preventive activities. This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to her, would be rated here.
Does the child show an interest in new objects introduced into the environment?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. This level indicates a child with very limited or no observable curiosity. Child may seem frightened of new information or environments.

Question EC-16

PLAYFULNESS

This item focuses on the child's enjoyment of play alone and with others.

	Rating and Description
Does the child play by herself?	0 No current need: no need for action or intervention. This level indicates a child with substantial ability to play with self and others. Child enjoys play, and if old enough, regularly engages in symbolic and means-end play. If still an infant, child displays changing facial expressions in response to different play objects.
Does the child play with parent(s)?	1 Identified need requires monitoring, watchful waiting, or preventive activities. This level indicates a child with good play abilities. Child may enjoy play only with self or only with others, or may enjoy play with a limited selection of toys.
Does the child play with siblings, if available?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. This level indicates a child with limited ability to enjoy play. Child may remain preoccupied with other children or adults to the exclusion of engaging in play, or may exhibit impoverished or unimaginative play.
Does the child play with others?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. This level indicates a child who has significant difficulty with play both by herself and with others. Child does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.

Question EC-17

ADAPTABILITY

This item focuses on the child's ability to adjust.

	Rating and Description
Does the infant/child easily adjust to changes?	0 No current need: no need for action or intervention. Child has a strong ability to adjust to changes and transitions.
Does the infant/child adjust with help from others?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support.
Does the infant/child have difficulty adjusting even with help from others?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

Question EC-18

PERSISTENCE

This item focuses on the child's ability to continue an activity.

Does the infant/child have ability to continue with an activity?	Rating and Description
Does the infant/child continue the activity if challenged?	0 No current need: no need for action or intervention. Infant/child has a strong ability to continue an activity when challenged or meeting obstacles.
Does the infant/child continue the activity if challenged with support?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Infant/child has some ability to continue an activity that is challenging. Adults can assist a child to continue attempting the task or activity.
Does the infant/child usually have difficulty coping with the challenging task? Adults minimally have an impact on ability to demonstrate persistence.	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child has limited ability to continue an activity that is challenging and adults are only sometimes able to assist the infant/child in this area.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child has difficulties most of time coping with challenging tasks. Support from adults minimally impacts the child's ability to demonstrate persistence.

Question EC-19

SELF-CARE DAILY LIVING SKILLS

This item aims to describe the child/youth's ability and motivation to engage in developmentally appropriate self-care tasks such as eating, bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.

How is the youth's hygiene compared to age-mates?	Rating and Description
Does the child/youth require prompting or assistance to eat, bathe, toilet, or dress?	0 Child's/Youth's self-care and daily living skills appear developmentally-appropriate. There is no reason to believe that the child/youth has any problems performing daily living skills.
	1 Child/Youth requires verbal prompting on self-care tasks or daily living skills.
	2 Child/Youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g., eating, bathing, dressing, and toileting).
	3 Child/Youth requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

MODULES

[Transitional-Age-Youth Module](#)

The items in the Transitional Age Youth Module (TAY-1 to TAY-14) are intended to focus on elements of a young adults functioning that are important to the establishment of independence and the ability to take care of oneself.

Question TAY-1

INDEPENDENT LIVING SKILLS

This item focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.

	Rating and Description
Has youth ever lived independently?	0 No current need: no need for action or intervention. This level indicates a person who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.
Does youth have problems managing money?	1 Identified need requires monitoring, watchful waiting, or preventive activities. This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet, and so forth. Problems with money management may occur at this level. These problems are generally able to be addressed with training or supervision.
Does youth have problems with hygiene or diet?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living are apparent. Difficulty with cooking, cleaning, and self-management when unsupervised would be common at this level. Problems are generally addressable with in-home services.
Can youth cook, clean and manage themselves without help from anyone?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment.
Can youth perform day-to-day tasks without help from anyone?	

Question TAY-2

RESIDENTIAL STABILITY

This item rates the current and likely future housing circumstances for the individual. If the **individual lives independently**, his/her history of residential stability can be rated.

	Rating and Description
Is the individual staying in temporary housing, homeless shelter, transitional housing or looking for new housing due to eviction, being “kicked out of family home”, or running away from family home?	0 There is no evidence of residential instability. The individual has stable housing for the foreseeable future.
	1 The individual has relatively stable housing, but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person’s difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.
	2 The individual has moved multiple times in the past year. Also, a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing.
	3 The individual has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.

Question TAY-3

TRANSPORTATION

This item is used to rate the level of transportation required to ensure that the individual could effectively participate in her own treatment and in other life activities. Only unmet transportation needs should be rated here.

	Rating and Description
How often does youth need transportation?	0 No current need: no need for action or intervention. The individual has no transportation needs.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. The individual has occasional transportation needs (e.g., appointments). These needs would be no more than weekly and not require a special vehicle.
Does youth require a special vehicle to get to activities?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth’s functioning.
Does youth have access and means to Public transportation?	The individual has occasional transportation needs that require a special vehicle or frequent transportation needs (e.g., daily to work or therapy) that do not require a special vehicle.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. The individual requires frequent (e.g., daily to work or therapy) transportation in a special vehicle.

Question TAY-4

PARENTING ROLES

This item is intended to rate the youth in any caregiver roles. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.

	Rating and Description
Does the youth have children or care for an elderly parent?	0 No current need: no need for action or intervention. The youth has no role as a parent/caregiver.
Is the youth pregnant?	1 Identified need requires monitoring, watchful waiting, or preventive activities. The youth has responsibilities as a parent/caregiver but is currently able to manage these responsibilities.
Does the youth have trouble caring for children or parents?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. The youth has responsibilities as a parent/caregiver and either the youth is struggling with these responsibilities or they are currently interfering with the youth's functioning in other life domains.
Are parenting responsibilities keeping the youth from going to school or work?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. The youth has responsibilities as a parent/caregiver and the youth is currently unable to meet these responsibilities or these responsibilities are making it impossible for the youth to function in other life domains.

Question TAY-5

INTERPERSONAL/SOCIAL CONNECTEDNESS

This item is used to identify an individual's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because an individual can have social skills but still struggle in his or her relationships at a point in time. This strength indicates an ability to make and maintain longstanding relationships.

	Rating and Description
Does the individual have the trait ability to make friends?	0 Individual has well-developed interpersonal skills and healthy friendships.
Do you feel that the individual is pleasant and likeable? Do adults or other individuals like him/her?	1 Individual has good interpersonal skills and has shown the ability to develop healthy friendships. The individual may currently have no friends, but has a history of making and maintaining friendships with others.
	2 Individual requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Individual has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
	3 There is no evidence of observable interpersonal skills or healthy friendships at this time, and/or individual requires significant help to learn to develop interpersonal skills and healthy friendships. Individual lacks social skills and has no history of positive relationships with peers and adults.

Question TAY-6

PERSONALITY DISORDER

This item identifies problems with relating to other people, including significant manipulative behavior, social isolation, or significant conflictual relationships.

	Rating and Description
	<p>0 No current need: no need for action or intervention. No evidence of symptoms of a personality disorder.</p>
Does the youth exhibit inflexible and maladaptive emotional and/or behavioral day-to-day traits?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Evidence of mild degree, probably sub-threshold for the diagnosis of a personality disorder. For example, mild but consistent dependency in relationships might be rated here; or, some evidence of antisocial or narcissistic behavior. Also, an unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.</p>
Does the youth have difficulties relating to other people?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Evidence of sufficient degree of interpersonal problems. Individual's relationship problems may warrant a related DSM-5 diagnosis.</p>
Is the youth socially isolated?	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Evidence of a severe interpersonal problems that has significant implications for the individual's long-term functioning. Interpersonal problems are disabling and block the individual's ability to function independently.</p>

Question TAY-7

INTIMATE RELATIONSHIPS

This item is used to rate the individual's current status in terms of romantic/intimate relationships.

	Rating and Description
Does this youth enjoy a rewarding interpersonal relationship with age appropriate peer?	<p>0 No current need: no need for action or intervention. An adaptive partner relationship exists. The youth has a strong, positive, partner relationship with an age-appropriate peer. This peer functions as a member of the family.</p>
If in a relationship, is it developing appropriately over time?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. A mostly adaptive partner relationship exists. The youth has a generally positive partner relationship with an age-appropriate peer. This peer may not function as a member of the family; however, this may be appropriate given the length of the relationship.</p>
Is the youth's "partnership" with another a problem either in terms of safety, well-being or lifestyle?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. A limited adaptive partner relationship exists. The youth is currently not involved in any partner relationship.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties exist with a partner relationship. The youth is currently involved in a negative, unhealthy relationship.</p>

Question TAY-8

GENDER IDENTITY

This item refers to an individual's self-perception of gender.

Please rate behavior in the **past year**.

	Rating and Description
Is child/youth able to state their self-perceived gender and is comfortable doing so?	<p>0 No current need: no need for action or intervention. Child/Youth has clear and developmentally appropriate gender identity. A child/youth who is comfortable with their self-perceived gender would be rated here.</p>
Does the youth's confusion or distress about her self-perceived gender place her at risk of harm from self or others?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth is experiencing some concerns about gender identity.</p> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is experiencing confusion and distress about gender identity.</p> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is experiencing significant confusion about her gender identity that is placing her in significant personal or interpersonal conflict. Child/youth is at considerable risk of harm (from self or others) because of confusion or the confusion is disabling the youth in a least one life domain.</p>

Question TAY-9

SEXUAL ORIENTATION

This item refers to an individual's sexual orientation.

Please rate behavior in the **past year**

	Rating and Description
Does the child/youth exhibit a sense of comfort about sexual orientation?	<p>0 No current need: no need for action or intervention. Child/Youth has either no issues or a clear and developmentally- appropriate sexual orientation. A child/youth who has an identified sexual orientation with no significant confusion or distress would be rated here.</p>
Does the youth's confusion or distress about her sexual identity place her at risk of harm from self or others?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth is experiencing some concerns about sexual orientation.</p> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is experiencing confusion and distress about sexual orientation.</p> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is experiencing significant confusion about her sexual orientation that is placing her in significant personal or interpersonal conflict. Child/Youth is at considerable risk of harm (from self or others) because of confusion or the confusion is disabling the youth in a least one life domain.</p>

Question TAY-10

MEDICATION COMPLIANCE

This item focuses on the level of the individual's willingness and participation in taking prescribed medications.

	Rating and Description
Is youth prescribed medication?	0 No current need: no need for action or intervention. This level indicates a person who takes any prescribed medications as prescribed and without reminders, or a person who is not currently on any psychotropic medication.
Is youth prescribed psychotropic medication?	1 Identified need requires monitoring, watchful waiting, or preventive activities. This level indicates a person who will take prescribed medications routinely, but who sometimes needs reminders to maintain compliance. Also, a history of medication noncompliance but no current problems would be rated here.
Has youth ever had trouble remembering to take medication?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. This level indicates a person who is somewhat non-compliant. This person may be resistant to taking prescribed medications or this person may tend to overuse her medications. She might comply with prescription plans for periods of time (1-2 weeks) but generally does not sustain taking medication in prescribed dose or protocol.
Has youth ever refused to take prescribed medication?	
Has youth ever overused medication to get "high" or as an attempt at self-harm?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. This level indicates a person who has refused to take prescribed medications during the past 30 day period or a person who has abused her medications to a significant degree (i.e., overdosing or over-using medications to a dangerous degree).

Question TAY-11

EDUCATIONAL ATTAINMENT

This item focuses the degree to which the individual has completed, or progressed toward, her planned education.

	Rating and Description
Does youth have educational goals?	0 No current need: no need for action or intervention. Individual has achieved all educational goals. Or, she has no educational goals; however, this has no impact on lifetime vocational functioning.
Has youth achieved or made progress toward educational goals?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Individual has set educational goals and is currently making progress towards achieving them.
How is youth's educational attainment affecting youth's lifetime vocational functioning?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Individual has set educational goals but is currently not making progress towards achieving them.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Individual has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning.

MODULES

Question TAY-12

VOCATIONAL/CAREER

This item is used to refer to the strengths of the school/vocational environment and may or may not reflect any specific educational/work skills possessed by the individual.

Does the individual have goals for his/her job or career development? Is the individual able to identify a job or career path and does he/she have resources needed to get there?	Rating and Description
	0 This level indicates an individual who is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.
	1 This level indicates an individual who is working, however, the job is not consistent with developmentally appropriate career aspirations.
	2 This level indicates an individual who is temporary unemployed. A history of consistent employment should be demonstrated and the potential for future employment without the need for vocational rehabilitation should be evidenced. This also may indicate an individual with a clear vocational preference.
	3 This level indicates an individual who is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates an individual with no known or identifiable vocational skill and no expression of any future vocational preferences.

Question TAY 13

MEANINGFULNESS

This item describes the individual's existential sense of one's place in the world and the purpose of his/her life.

Does the individual articulate or in some manner convey a sense of purpose or meaning?	Rating and Description
	0 Individual has a strong sense of meaning and purpose to his/her life. Individual's meaning provides support and guidance for decisions.
	1 Individual has a sense of meaning and purpose to his/her life. Meaning is helpful, but not central to supporting decisions.
	2 Individual has an interest in finding meaning and purpose in his/her life, although at the moment he/she may not have found meaning.
	3 Individual has no identified meaning or purpose to his/her life. Individual reports experiencing his/her life as without meaning.

Question TAY-14

VICTIMIZATION

This item is used to examine a history and level of current risk for victimization.

Please rate the highest level using time periods provided in anchors.

	Rating and Description
Has youth been victimized in the past year?	<p>0 No current need: no need for action or intervention. This level indicates a person with no evidence of recent victimization and no significant history of victimization within the past year. The person may have been robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Person is not presently at risk for re-victimization.</p>
Does youth have a pattern of victimization Is youth at risk of being re-victimized?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. This level indicates a person with a history of victimization, but who has not been victimized to any significant degree in the past year. Person is not presently at risk for re-victimization.</p>
Does the lifestyle or immediate environment of this youth contribute to the likelihood of being a "victim"?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. This level indicates a person who has been recently victimized (within the past year) but is not in acute risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, extortion or violent crime.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. This level indicates a person who has been recently victimized and is in acute risk of re-victimization. Examples include working as a prostitute and living in an abusive relationship.</p>

MODULES

[FAMILY DIFFICULTIES MODULE](#)

The Family Difficulties Module includes items (FAM-1 to FAM-8) that are intended to clarify specifics about the relationship child/youth has with salient family members.

Question: FAM-1

RELATIONSHIP WITH BIOLOGICAL MOTHER ONLY

This item refers to the connection with the mother who gave birth to child.

	Rating and Description
<p>How does the child's/youth's get along with her biological mother?</p> <p>Is there any attachment between the child/youth and her biological mother?</p> <p>Are there problems between the child/youth and her biological mother?</p>	<p>0 No current need: no need for action or intervention. An adaptive relationship exists. Child/Youth has a generally positive relationship with bio-mother. Has formed a secure attachment, and can turn to mother for security, comfort or guidance.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. A mostly adaptive relationship exists. Child/Youth has a somewhat positive relationship with biological mother. The child/youth appears to have mild attachment problems that interfere with her ability to turn to mother for comfort or guidance. Or, no contact with bio-mother; however, child/youth has other positive maternal relationship and does not appear to have attachment problems.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. A limited adaptive relationship exists. Child/Youth has a somewhat negative relationship with biological mother. The child/youth appears to have moderate attachment problems that interfere with her ability to turn to mother for security, comfort, or guidance.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties exist with the relationship. Child/Youth has no ongoing relationship with her biological mother. The child/youth appears to have severe attachment problems</p>

Question: FAM-2

RELATIONSHIP WITH BIOLOGICAL FATHER ONLY

This item refers to the connection with the father who child/youth understands is the birth father.

	Rating and Description
How does the child's/youth's get along with her biological father?	<p>0 No current need: no need for action or intervention. An adaptive relationship exists. Child/Youth has a generally positive relationship with bio-father. Has formed a secure attachment, and can turn to dad for security, comfort or guidance.</p>
Is there any attachment between the child/youth and her biological father?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. A mostly adaptive relationship exists. Child/Youth has a somewhat positive relationship with bio-father. The child/youth appears to have mild attachment problems that interfere with her ability to turn to dad for comfort or guidance. Or, no contact with bio-father; however, child/youth has other positive paternal relationship and does not appear to have attachment problems.</p>
Are there problems between the child/youth and her biological father?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. A limited adaptive relationship exists. Child/Youth has a somewhat negative relationship with biological father. The child/youth appears to have moderate attachment problems that interfere with her ability to turn to father for security, comfort, or guidance.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties exist with the relationship. Child/Youth has no ongoing relationship with her biological father. The child/youth appears to have severe attachment problems.</p>

Question: FAM-3

RELATIONSHIP WITH PRIMARY CAREGIVER

This item refers to the youth's relationship with whomever is her primary caregiver currently. This may, or may not, be a biological parent or relative.

	Rating and Description
How does the child's/youth's get along with her primary caregiver?	0 No current need: no need for action or intervention. An adaptive relationship exists. Child/Youth has a generally positive relationship with primary caregiver. The child/youth appears to have formed a secure attachment, and can turn to primary caregiver for security, comfort or guidance.
Is there any attachment between the child/youth and her primary caregiver?	1 Identified need requires monitoring, watchful waiting, or preventive activities. A mostly adaptive relationship exists. Child/Youth has a somewhat positive relationship with primary caregiver. The child/youth appears to have mild attachment problems that interfere with her ability to turn to primary caregiver for security, comfort, or guidance.
Are there problems between the child/youth and her primary caregiver?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. A limited adaptive relationship exists. Child/Youth has a somewhat negative relationship with primary caregiver. The child/youth appears to have moderate attachment problems that interfere with her ability to turn to primary caregiver for security, comfort, or guidance.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties exist with the relationship. Child/Youth has no ongoing relationship with her primary caregiver. The child/youth appears to have severe attachment problems.

Question: FAM-4

RELATIONSHIPS AMONG SIBLINGS

This item refers to how the children in the family (e.g., full siblings, half-siblings, step-siblings, and adoptive siblings) get along with each other.

	Rating and Description
How does the child's/youth's get along with her siblings?	0 No current need: no need for action or intervention. Adaptive relationships exist. Siblings generally get along well. Occasional fights or conflicts between them occur, but are quickly resolved. Or, child/youth has not siblings.
Is there any attachment between the child/youth and her siblings?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Mostly adaptive relationships exist. Siblings generally get along, however, when fights or conflicts arise there is some difficulty in resolving them.
Are there problems between the child/youth and her siblings?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Limited adaptive relationships exist. Siblings often do not get along. They generally attempt to resolve their fights or conflicts but have limited success in doing so.
Has there ever been any violence between the child/youth and her siblings?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties exist with the relationships. Siblings do not get along. The relationships are marked by detachment or active, continuing conflicts, and may include physical violence.

Question: FAM-5

PARENTAL/CAREGIVER COLLABORATION

This item refers to the relationship between parents (or other primary caregivers) with regard to working together in child rearing activities. Parents may, or may not, reside together.

	Rating and Description
How does the child's/youth's parent get along with the child's/youth's caregiver?	<p>0 No current need: no need for action or intervention. Adaptive collaboration takes place. Parents usually work together regarding issues of the development and well-being of the children. They are able to negotiate disagreements related to their children.</p>
Are there problems between the child's/youth's parent and the child's/youth's caregiver?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Mostly adaptive collaboration takes place. Generally good parental collaboration with occasional difficulties negotiating miscommunications or misunderstanding regarding issues of the development and well-being of the children.</p>
Do the child's/youth's parent(s) and caregiver collaborate well together?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Limited adaptive collaboration takes place. Moderate problems of communication and collaboration between two or more adult caregivers with regard to issues of the development and well-being of the youth.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties take place with collaboration. Minimal collaboration and destructive or sabotaging communication among any parents regarding issues related to the development and well-being of the youth.</p>

Question: FAM-6

FAMILY COMMUNICATION

This item refers to the ability of all family members to talk to each other about their thoughts and feelings. It should only be about communication within the family (does not have to be in the same home but in the same geographic area).

	Rating and Description
Is the family able to communicate with one another?	<p>0 No current need: no need for action or intervention. Adaptive communication occurs. Family members generally are able to directly communicate important information among each other. Family members are able to understand each other's feelings and needs.</p>
Does the family speak directly to one another?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Mostly adaptive communication occurs. Family members can communicate important information among each other. Some individuals or certain topics are excluded from direct communication. Mutual understanding is inconsistent.</p>
Do family members have difficulty understanding each other's needs?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Limited adaptive communication occurs. Family members generally are unable to directly communicate important information among each other. Family members have difficulties understanding each other's feelings and needs.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties occur with communication. Family members communicate mostly through indirect, covert means or there is no sharing of important information at all. They are not able to understand each other's feelings or needs.</p>

Question: FAM-7

FAMILY ROLE APPROPRIATENESS

This item refers to the ability of family members to separate themselves as individuals and appropriately separate communication with various family members (e.g., maintain appropriate boundaries). Hierarchies refer to the organization of decision-making authority in the family.

	Rating and Description
Are there appropriate boundaries in place among family members?	<p>0 No current need: no need for action or intervention. Adaptive boundaries are present. Family has strong appropriate boundaries among members. Clear inter-generational hierarchies are maintained.</p>
Are there role confusions among family members?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Mostly adaptive boundaries are present. Family has generally appropriate boundaries and hierarchies. May experience some minor blurring of roles.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Limited adaptive boundaries are present. Family has difficulty maintaining appropriate boundaries and/or hierarchies. Some significant role problems exist.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Significant difficulties with boundaries are present. Family has significant problems with establishing and maintaining reasonable boundaries and hierarchies. Significant role confusion or reversals may exist.</p>

Question: FAM-8

FAMILY CONFLICT

This item refers to how much fighting occurs between family members. Domestic violence refers to physical fighting in which family members might get hurt (also refers to the same geographic area, not limited to household).

	Rating and Description
How does the child's/youth's family get along?	<p>0 No current need: no need for action or intervention. Minimal conflict is present. Family gets along well and negotiates disagreements appropriately.</p>
Are there problems between family members?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Some Conflict is present. Family generally gets along fairly well but when conflicts arise resolution is difficult.</p>
Has there ever been any violence?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Significant conflict is present. Family is generally argumentative and conflict is a fairly constant theme in family communications.</p>
How is the child's/youth's family getting along right now?	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Domestic violence is present. Threat or occurrence of physical, verbal or emotional altercations. Family with a current restraining order against one member would be rated here.</p>

MODULES

DEVELOPMENTAL NEEDS (DD) MODULE

The Developmental Needs (DD) Module items (DD-1 to DD-4) are intended to provide more detailed information when there is evidence of a developmental delay.

Question DD-1

COGNITIVE

This item rates the child's/youth's level of intellectual functioning. This includes the child/youth's ability to explore, learn from and problem-solve within the environment. This includes child's ability to gather, sort and process information.

How does the child/youth function intellectually?	Rating and Description	
	0	Child's/Youth's intellectual functioning appears to be in normal range. There is no reason to believe that the child/youth has any problems with intellectual functioning.
	1	Child/Youth has low IQ (70 to 85) or has identified learning challenges.
	2	Child/Youth has mild mental retardation. IQ is between 55 and 70.
	3	Child/Youth has moderate to profound mental retardation. IQ is less than 55.

Question DD-2

COMMUNICATION

This item rates the child's/youth's ability to express her thoughts and comprehend the language of others. This rating refers to the child/youth's ability to receive and understand a message, command or other form of expression. It is also used to rate a child/youth's ability to "get a message across."

Does the child/youth communicate with others at an age-appropriate level?	Rating and Description	
	0	Child's/Youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child/youth has any problems communicating.
	1	Child/Youth has receptive communication skills but limited expressive communication skills.
	2	Child/Youth has both limited receptive and expressive communication skills.
	3	Child/Youth is unable to communicate.

MODULES

Question DD-3

DEVELOPMENTAL

This item rates the level of developmental delay/disorders that are present. Consider the child's/youth's progress in developmental skills (e.g., gross motor, fine motor, language, cognitive and social). This item also refers to a child/youth reaching developmental milestones, such as holding head up, sitting, crawling, walking, vocalizing, etc. within a normal range.

	Rating and Description
When did the child/youth begin walking?	0 Child's/Youth's development appears within normal range. There is no reason to believe that the child/youth has any developmental problems.
Were developmental milestones met within normal time periods?	1 Evidence of a mild developmental delay.
	2 Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
	3 Severe developmental disorder.

Question DD-4

SELF-CARE DAILY LIVING SKILLS

This item aims to describe the child/youth's ability and motivation to engage in developmentally appropriate self-care tasks such as eating, bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.

	Rating and Description
How is the youth's hygiene compared to age-mates?	0 Child's/Youth's self-care and daily living skills appear developmentally-appropriate. There is no reason to believe that the child/youth has any problems performing daily living skills.
Does the child/youth require prompting or assistance to eat, bathe, toilet, or dress?	1 Child/Youth requires verbal prompting on self-care tasks or daily living skills.
	2 Child/Youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g., eating, bathing, dressing, and toileting).
	3 Child/Youth requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

MODULES

SEXUALITY MODULE (SEX-RELATED PROBLEMS)

This module (S-1 to S-6) focuses on issues around sexual development including developmentally inappropriate sexual behavior and problematic sexual behavior. Sexual orientation or gender identity issues could be rated here if they are leading to difficulties.

Question S-1

PROMISCUITY

This item refers to sexual behavior involving multiple partners not in relationships or very rapid transitions to new relationships to justify sexual behavior.

Please rate behavior during the **past year**.

	Rating and Description
Has the child/youth engaged in sexual activity with multiple partners in this past year?	0 No current need: no need for action or intervention. Child/Youth exhibits no problems or history of promiscuous sexual behavior.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has lifetime history of promiscuous sexual behavior but has either been monogamous or celibate for the past year.
Does the child/youth become sexually involved with partners outside of a committed relationship?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth engages in promiscuous sexual behavior involving multiple partners.
Is the child/youth at risk for contracting a sexual-transmitted disease?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth engages in a dangerous level of promiscuous behavior involving multiple partners in unprotected high-risk sexual behavior or with partners who are abusive or otherwise physically dangerous.

Question S-2

MASTURBATION

This item refers to the child's/youth's level of appropriateness in regards to sexual self-stimulation.

	Rating and Description
What is the nature of the youth's masturbatory activity?	0 No current need: no need for action or intervention. When and if the child/youth masturbates, it is kept private and discrete.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child's masturbatory behavior is private but not always discrete. For example, a child/youth who gets caught masturbating multiple times by caregiver.
Do others complain of her activities?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth engages in frequent masturbatory behavior that interferes with her functioning. An occasion of public masturbation might be rated here.
Has she ever engaged in public masturbation?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth engages in masturbatory behavior that places them at high risk for significant sanctions. Multiple public masturbations would be rated here.

Question S-3

REACTIVE SEXUAL BEHAVIOR

This item refers to sexually reactive behaviors which include age-inappropriate sexualized behaviors that may place a child/youth at risk for victimization or risky sexual practices.

Please rate using time frames provided in the anchors.

Does the child/youth exhibit sexualized behavior possibly indicative of a history of sexual abuse?	Rating and Description	
	0	No current need: no need for action or intervention. Child/Youth has not engaged in any sexual behavior that appears to be imitating previous sexual abuse.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has history of sexual abuse that places her at risk of sexually reactive behavior or has a history of sexual behavior that appears to imitate or mirror prior abuse but has not engaged in such behavior for more than one year.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth engages in sexual behavior that imitates/mirrors or is related to previous sexual abuse in the past year.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth engages in sexual behavior that mirror or is related to previous sexual abuse that places either the child/youth or others in significant danger of harm in the past year.

Question S-4

KNOWLEDGE OF SEX

This item refers to the child's/youth's level of awareness of sexual behavior.

Does the child/youth have an age-appropriate knowledge of sex and sexual behavior?	Rating and Description	
	0	No current need: no need for action or intervention. Child/Youth has a developmentally appropriate level of knowledge about sex and sexuality.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth may be more knowledgeable about sex and sexuality than would be indicated by their age, and does not have a deficit of knowledge.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has significant deficits in knowledge about sex or sexuality. These deficits interfere with child's functioning in at least one life domain.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has significant deficits in knowledge about sex and/or sexuality that places her at risk for significant physical or emotional harm.

Question S-5

CHOICE OF RELATIONSHIPS

This item refers to the child's/youth's judgment in choosing intimate partners.

Does the youth become involved with sexual partners who promote the youth's well-being?	Rating and Description
	0 No current need: no need for action or intervention. Child/Youth demonstrates developmentally appropriate choices in relationships with a potential sexual component.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has history of poor choices in selecting relationships with regard to sexuality.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth currently or recently has exhibited poor choices in terms of selecting relationships for reasons involving sexuality.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth involves self in notably inappropriate or dangerous relationships for reasons involving sexuality.

Question S-6

SEXUAL EXPLOITATION

This item refers to an individual's involvement, or risk of involvement, in sexually exploitive activities
Please rate behavior in the **past year**

Does the Child/Youth engaged in sexuality in order to obtain something? Does the Child/Youth interact with others who are exchanging sex for money or items?	Rating and Description
	0 No current need: no need for action or intervention. Child/Youth may, or may not, engage in sexual interactions; however there is no evidence of being sexually exploited or engaging in a sexual act in exchange for favors or items (e.g., cell phone). Additionally, child/youth is not at risk for being groomed for this type of exploitation.
	1 Identified need requires monitoring, watchful waiting, or preventive activities. There is no evidence of sexual exploitation; however, child/youth is perceived to be at risk for being groomed for sexual exploitation (e.g., pattern of internet relationships).
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Sexual interactions are occurring, but are not due to exploitation or bartering with sex; however, the interactions appear to be partially related to an exchange (e.g., social prestige). There is no direct payment for sex and activities are not directed by a pimp.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Sexual activities are done in exchange for money or items (e.g., cell phones, food, and clothing). Activities may, or may not, be directed by a pimp. Child/Youth may, or may not, be engaging in such acts willingly.

MODULES

SCHOOL MODULE

Items in this module (Sch-1 to Sch-8) focus on several different elements/experiences that may impact a child's functioning in school. It is completed if a child/youth is rated as a "2" or "3" on any of the three school related items in Life Domain Functioning.

Question Sch-1

ATTENTION – CONCENTRATION IN SCHOOL

This item refers to the child's ability to focus on tasks in academic settings.

	Rating and Description
	0 No current need: no need for action or intervention. Child/Youth is able to focus on tasks and complete them in a timely manner within her current academic setting.
How well does the child/youth focus on assigned tasks?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth is having some minor problems staying on task and managing time wisely within her academic setting. Attention does not interfere with school functioning.
Does she take instructions well?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is having some moderate problems staying on task and managing time wisely within her academic setting. Attention interferes with the child/youth's ability to perform in school.
Does she need frequent redirection?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is experiencing severe disruptions staying on task and managing time wisely within her academic setting. These problems prevent the child/youth from functioning in school.

Question Sch-2

SENSORY INTEGRATION DIFFICULTIES IN SCHOOL

This item is intended to capture, as it occurs in an academic setting, how well the child/youth is able to process the information received from all sensory systems within the body and integrate this into the surrounding environment.

	Rating and Description
<p>Is the child/youth over- or under-sensitive to touch, movement, sights or sounds?</p> <p>Does the child/youth have poor body perception?</p> <p>Does the child/youth have difficulty learning new movements?</p>	<p>0 No current need: no need for action or intervention. The Child/Youth is able to integrate sensory experiences within her current academic setting.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. There is history of, or suspicion of the child/youth having some minor problems integrating sensory experiences within her academic setting; however, no intervention or help is needed at this time.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. The Child/Youth has some moderate problems integrating sensory experiences which are negatively impacting the child's ability to function within her academic setting.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The Child/Youth has major disruptions due to her inability to integrate sensory experiences and these are severely impacting her ability to function within her academic setting.</p>

Question Sch-3

AFFECT DYSREGULATION IN SCHOOL

This item rates the child/youth's ability to react to an event at school within the normal range of emotions. This rating can apply to such things as handling a poor test score, being reprimanded by a teacher, and having a disagreement with a peer. If the child/youth appears to overreact to these situations, then the rating would be higher.

	Rating and Description
<p>Does the child/youth have stronger than typical reactions to everyday frustrations?</p> <p>Does the child/youth have mood fluctuations?</p> <p>Does the child/youth have angry outbursts?</p>	<p>0 No current need: no need for action or intervention. Child/Youth has no problems with affect regulation related to her academic functioning.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. History of, or suspicion of, the child/youth having problems with affect dysregulation; however, no intervention or help is needed at this time.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has significant problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning at school.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is unable to regulate affect and this is having a severe impact upon the child's functioning at school.</p>

Question Sch-4

ANXIETY IN SCHOOL

This item describes the child's level of fearfulness, worrying or other characteristics of anxiety that impact her ability to function at school.

	Rating and Description
Does the child/youth have any problems with anxiety or fearfulness?	0 No current need: no need for action or intervention. No evidence or indication of anxiousness in school.
Is she avoiding normal school activities out of fear?	1 Identified need requires monitoring, watchful waiting, or preventive activities. History of, or suspicion of, anxiety problems associated with the school environment; however, no intervention or help is needed at this time.
Does the child/youth act frightened or afraid during school activities?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in the school environment.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in the school environment.

Question Sch-5

DEPRESSION IN SCHOOL

This item describes the presence and impact of depressive symptoms within school. All depressive symptoms may be considered including: irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation.

	Rating and Description
Does the child/youth appear to be depressed or irritable at school?	0 No current need: no need for action or intervention. No indication of depressed mood impacting school activities.
Has she withdrawn from normal activities at school?	1 Identified need requires monitoring, watchful waiting, or preventive activities. History of, or suspicion of, depressive symptoms impacting the child's functioning in the school environment; however, no intervention or help is needed at this time.
Does the child/youth seem lonely or not interested in others at school?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function at school.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function at school.

Question Sch-6

PEER RELATIONS IN SCHOOL

This item refers to the child's ability to relate to and get along with peers within the academic setting.

	Rating and Description
How well does the child/youth get along with others?	0 No current need: no need for action or intervention. Child/Youth relates to and gets along well with peers at school.
Does he/she make new friends easily?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth is having some minor problems relating to and getting along with peers at school.
Has she kept friends a long time or does she tend to change friends frequently?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is having some moderate problems relating to and getting along with peers at school.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is experiencing severe disruptions relating to and getting along with peers at school.

Question Sch-7

OPPOSITIONAL IN SCHOOL

This item is intended to capture how the child/youth relates to school authority (e.g., teachers or other school personnel). Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance rather than on breaking social rules or norms.

	Rating and Description
Does the child/youth do what is she is asked to do?	0 No current need: no need for action or intervention. No indication of oppositional behaviors in school.
Has a teacher or other adult said that the child/youth does not follow rules or directions?	1 Identified need requires monitoring, watchful waiting, or preventive activities. History of, or suspicion of, oppositional behaviors toward school staff; however, no intervention or help is needed at this time.
Does the child/youth argue when a teacher or other school personnel tries to get her to do something?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of oppositional and/or defiant behavior towards teachers and/or other school personnel, which is currently interfering with the child's functioning in the school environment.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of a significant level of oppositional behavior that is interfering with the child's ability to participate in school to the point of risking disciplinary actions (e.g., suspension or expulsion).

Question Sch-8

CONDUCT IN SCHOOL

This item is intended to address the impact of conduct (Antisocial) behavior problems like fighting, intimidation, stealing, or sexual activity on school grounds or destruction of school property.

	Rating and Description
	0 No current need: no need for action or intervention. No indication of conduct problems in school.
Has the child/youth ever shown violent or threatening behavior toward peers?	1 Identified need requires monitoring, watchful waiting, or preventive activities. History of, or suspicion of, conduct behavior problems while in school; however, no intervention or help is needed at this time.
Has the child/youth stolen from peers?	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Clear evidence of conduct behavior problems including but not limited to lying, stealing, manipulating peers, sexual aggression, and violence towards peers or property. These behaviors are impacting child's ability to participate in school.
Has the child/youth engaged in sexual activity on campus?	3 Problems are dangerous or disabling; requires immediate and/or intensive action. Evidence of a severe level of conduct problems as described above that places the child/youth or community at significant risk of physical harm due to these behaviors. Behaviors have resulted in, or are very likely to result in, disciplinary actions (e.g., suspension or expulsion).

MODULES

PERMANENCY MODULE

Item in this module (Perm-1 to Perm-8) focus on elements/issues that are critical to the development of permanent relationships upon which a child/youth can depend throughout young adulthood and into adulthood. The goal of permanency is to have lifelong, meaningful, and supportive relationships. This module is completed if a score of “2” or “3” is rated for the Relationship Permanence item within Child/Youth Strengths.

Question Perm-1

SIBLINGS

This item refers to the nature of the youth’s relationship with siblings, step-siblings, and half-siblings. If the youth has no siblings, please rate at 0, as it indicates no improvement or efforts are needed to ameliorate difficulties.

Please rate using the time frame of the **past one year**.

	Rating and Description
What is the nature of the relationship between the child/youth and her siblings, step-siblings, and half-siblings?	<p>0 No current need: no need for action or intervention. Siblings are currently in child’s life and are likely to continue to be an ongoing and meaningful presence. They have a good relationship. A youth with no siblings is rated here.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Siblings are currently in child’s life but it is not certain if siblings will continue to be in child’s life. Relationship between siblings and child/youth may be unstable; however, no intervention or help is needed at this time.</p> <hr/>
Is there consistent contact between them?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth’s functioning. Future of sibling relations is uncertain and currently they are either not consistently in child’s life, have had occasional contact with child, or contacts include such difficulties that future stable relations are not likely.</p> <hr/>
How does her respond to potential visits with them?	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Siblings are <i>not</i> in child’s life and have not had contact with child/youth in the past year. Location of siblings may be unknown. Relationship between siblings and child/youth is unstable. Without intervention or change, future relations are not possible.</p>

Question Perm-2

BIOLOGICAL/ADOPTIVE MOTHER

This item refers to the nature of the youth's relationship with her biological or adoptive mother. Mother ideally should be defined by the child/youth (i.e., whomever the child/youth considers the mother).

Please rate using the time frame of the **past one year**.

Rating and Description	
What is the nature of the relationship between the child/youth and her biological or adoptive mother?	<p>0 No current need: no need for action or intervention. Mother is currently in child's life and is likely to continue to be an ongoing and meaningful presence. The quality of the relationship is good enough that contact throughout life is expected.</p>
Is there consistent contact between them?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Mother is currently in child's life but it is not certain if mother will continue to be in child's life. Relationship between mother and child/youth may be unstable; however, no intervention or help is needed at this time.</p>
How does mother respond to visits?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Future of mother/child/youth relations is uncertain and currently mother is either not consistently in child's life, has had occasional contact with child, or contacts include such difficulties that future stable relations are not likely.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Mother is <i>not</i> in child's life and has not had contact with child/youth in the past year. Location of mother may be unknown. Relationship between mother and child/youth is unstable. Without intervention or change, future relations are not possible.</p>

Question Perm-3

BIOLOGICAL/ADOPTIVE FATHER

This item refers to the nature of the youth's relationship with her biological or adoptive father. Father ideally should be defined by the child/youth (i.e., whomever the child/youth considers the father).

Please rate using the time frame of the **past one year**.

	Rating and Description
What is the nature of the relationship between the child/youth and her biological or adoptive father?	<p>0 No current need: no need for action or intervention. Father is currently in child's life and is likely to continue to be an ongoing and meaningful presence. The quality of the relationship is good enough that contact throughout life is expected.</p>
Is there consistent contact between them?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Father is currently in child's life but it is not certain if father will continue to be in child's life. Relationship between father and child/youth may be unstable; however, no intervention or help is needed at this time.</p>
How does father respond to visits?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Future of father/child/youth relations is uncertain and currently father is either not consistently in child's life, has had occasional contact with child, or contacts include such difficulties that future stable relations are not likely.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Father is not in child's life and has not had contact with child/youth in the past year. Location of father may be unknown. Relationship between father and child/youth is unstable. Without intervention or change, future relations are not possible.</p>

Question Perm-4

OTHER SIGNIFICANT ADULTS

This item refers to the nature of the youth's relationship with other significant adults such as relatives, mentors, CASAs, coaches, neighbors, teachers and family friends. These would be adults who are willing to have a stable and loving relationship with child. To formulate the rating, consider the most positive relationship in the child's life. Please rate using the time frame of the **past one year**.

	Rating and Description
<p>What is the nature of the relationship between the child/youth and other important adults in her life such as relatives, mentors, CASAs, coaches, neighbors, teachers and family friends?</p> <p>Is there an adult, not in a professional role, who is invested in the child's development as a person?</p>	<p>0 No current need: no need for action or intervention. Another significant adult or other adults are currently in child's life and are likely to continue to be an ongoing and meaningful presence. Child/youth and other adult(s) have a good relationship.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Another significant adult or other adults are currently in child's life but it is not certain if they will continue to be in child's life. Relationship between the other adults and child/youth may be unstable; however, no intervention or help is needed at this time.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Another significant adult is <i>not</i> currently in child's life, but child/youth has had occasional contact with a significant adult within the last year. Relationship between another adult and child/youth is unstable and future stable relations are not likely.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth does not have any relationships with other significant adults. Without intervention or change, future significant stable relations are not possible.</p>

Question Perm-5

CURRENT LIVING SITUATION

This item refers to the stability of the placement in which the child/youth currently resides.

Please rate using the time frame of the **past one year**.

Where does the child/youth reside?	Rating and Description
What are the expectations of this residence being available after the child's 18 th birthday?	<p>0 No current need: no need for action or intervention. Child/Youth lives with adoptive/biological parents or legal guardian and there are no plans to move child. It is expected that this residence would continue past the child's 18th birthday.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth lives with adoptive/biological parents or legal guardian and it has been indicated that staying past 18th birthday is likely; however, there may be problems in the home that can eventually result in removal of the child.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is in a foster home. Caregivers may or may not be pursuing adoption or guardianship. It is not likely that this residence will continue past the child's 18th birthday.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is in a residential placement (e.g., group home). It is not expected for this residence to be available past the child's 18th birthday.</p>

Question Perm-6

GRIEF AND LOSS

This item indicates the child's level of unresolved loss, which could include multiple placements or death of, or being separated from parents, siblings or significant others. This item will help indicate if child/youth is ready to develop significant new relationships or reestablish and maintain old ones.

Please rate using the time frame of the **past one year**.

	Rating and Description
What types of losses (e.g., separation from parent, death of parent, loss of pet) has the child/youth experienced?	<p>0 No current need: no need for action or intervention. No significant losses or the child/youth has successfully gone through the grieving process. Child/youth is able to form new relationships.</p>
What has been the nature of placement changes for the child?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has had losses and is going through grieving process. Child/Youth is trying and wants to form relationships.</p>
Are there emotional outbursts apparently connected to grief and loss?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has had losses and is going through grieving process. Child/Youth is still angry and expresses grief through acting out, behaving aggressively toward others or other maladaptive behavior. Child/Youth may not be able to form new relationships.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/youth has had losses and has <i>not started</i> grieving process. Child/Youth is still in shock or denial about loss and may exhibit symptoms of PTSD, ODD, or RAD, in addition to maladaptive behavior. Child/youth is not ready to form relationships.</p>

Question Perm-7

FAMILY IDENTITY AND BELONGING

This item indicates the child's sense of family identity and belonging.

Please rate using the time frame of the **past one year**.

	Rating and Description
Does child/youth talk about family in a consistent manner, including elements of family history?	<p>0 No current need: no need for action or intervention. Child/Youth has a clear sense of family identity and is connected to other family members who share this identity. Child/youth has knowledge about her family's history, heritage, and genealogy.</p>
Is child/youth in process of learning about family identity through contact of other family members?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth is experiencing some confusion or concern regarding her family identity but is connected to family members. Child/youth has little knowledge about her family's personal history, heritage, and genealogy.</p> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has significant struggles with her own family identity. Child/youth may have family identity but is not connected to other family members who share this identity.</p> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has <i>no</i> sense of family identity or is experiencing significant problems due to conflict regarding family identity. The child/youth is not connected to other family members who share this identity.</p>

Question Perm-8

FAMILY FINDING

This item indicates how much Family Finding the child/youth has received.

Please rate using the time frame of the **past one year**.

	Rating and Description
What Family Finding efforts have been made to date?	<p>0 No current need: no need for action or intervention. Child/Youth has made positive connections with adults resulting from Family Finding, or Family Finding efforts are not needed.</p>
Is there an identified person with whom child/youth may develop a relationship?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. The process of Family Finding has started for child, but no connections have been made. No additional intervention or help is needed at this time.</p> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Family Finding has been discussed with child, but the process has not started. Without additional efforts, successful Family Finding is not likely.</p> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. The topic of Family Finding has never been discussed with child. Child/Youth has received no Family Finding. Without additional efforts, successful Family Finding is not possible.</p>

MODULES

TRAUMA MODULE

This module is completed if the child/youth is rated a “2” or “3” on the Adjustment to Trauma item. Items in the Trauma Module (T-1 to T-12) are divided into three sections.

- T-1 through T-10 focus on details of the abuse suffered by the child/youth.
- T-11 is only completed if the child/youth was sexually abused, and these items provide additional information about the abuse. T-11 contains five (5) items labeled T-11i, T-11ii, T-11iii, T-11iv, & T-11v.
- T-12 is only completed if the child/youth was sexually abused and these items focus on the child’s/youth’s current level of adjustment to the abuse. T-12 contains eight (8) items labeled T-12i through T-12vii.

Question T-1

SEXUAL ABUSE

This rating describes the child’s experience of sexual abuse.

Please rate at highest level within the **lifetime**.

	Rating and Description
	0 There is no evidence that child/youth has experienced sexual abuse.
Has child/youth been abused sexually?	1 There is a suspicion that the child/youth has experienced sexual abuse with some degree of evidence or the child/youth has experienced “mild” sexual abuse including but not limited to direct exposure to sexually explicit materials. Evidence for suspicion of sexual abuse could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or Internet predation. Children who have experienced secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) also would be rated here.
Is there evidence of abuse?	
Has child/youth been abused sexually repeatedly?	2 Child/Youth has experienced one or a couple of incidents of sexual abuse that were not chronic or severe. This might include a child/youth who has experienced molestation without penetration on a single occasion.
Was physical harm done?	3 Child/Youth has experienced severe or chronic sexual abuse with multiple episodes or lasting over an extended period of time. This abuse may have involved penetration, multiple perpetrators, and/or associated physical injury.

Question T-2

PHYSICAL ABUSE

This rating describes the child/youth's experience of physical abuse.

Please rate at highest level within the **lifetime**.

	Rating and Description
Has the child/youth been physically abused?	0 There is no evidence that child/youth has experienced physical abuse.
Is there evidence of abuse?	1 There is a suspicion that child/youth has experienced physical abuse but no confirming evidence. Spanking that does not leave marks or does not use items such as cords or belts would be included. The threat of physical harm without actual harm inflicted also qualifies here.
Has there been repeated abuse?	2 Child/Youth has experienced a "moderate" level of physical abuse. This may include one or more incidents of physical punishment (e.g., hitting, punching) or intentional harm that results in injuries, such as bruises or marks. It may also include use of items such as cords or belts.
Was there hospital care?	3 Child/Youth has experienced severe and repeated physical abuse with intent to do harm and/or that causes sufficient physical harm to necessitate hospital treatment.

Question T-3

EMOTIONAL ABUSE

This rating describes the degree of severity of emotional abuse, including verbal and nonverbal forms. This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child/youth and/or "emotional neglect" defined as the denial of emotional attention and/or support from caregivers.

Please rate at highest level within the **lifetime**.

	Rating and Description
Did child/youth feel they had experienced emotional abuse?	0 There is no evidence that child/youth has experienced emotional abuse.
Did the abuse happen over a period of at least one year?	1 Child/Youth has experienced mild emotional abuse. For instance, child/youth may experience some insults or is occasionally referred to in a derogatory manner by caregivers or may have been at times denied emotional support/attention by caregivers.
Has there been repeated emotional abuse?	2 Child/Youth has experienced a moderate degree of emotional abuse. For instance, child/youth may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.
	3 Child/Youth has experienced significant or severe emotional abuse over an extended period of time (at least one year). For instance, child/youth is completely ignored by caregivers, or threatened/terrorized by others.

Question T-4

NEGLECT

This rating describes the severity of neglect an individual has experienced. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or a lack of access to needed medical care (medical neglect) or failure to receive academic instruction (educational neglect).

Please rate at highest level within the **lifetime**.

	Rating and Description
Did child/youth feel mistreated?	0 There is no evidence that child/youth has experienced neglect.
Was child/youth fed, clothed and sheltered?	1 Child/Youth has experienced minor or occasional neglect. Child/Youth may have been left at home alone for a number of hours with no adult supervision or there may be occasional failure to provide adequate supervision of child/youth.
Was child/youth supervised?	2 Child/Youth has experienced a moderate level of neglect. Child/Youth may have been left home alone overnight or there may be occasional failure to provide adequate food, shelter, or clothing with corrective action.
	3 Child/Youth has experienced a severe level of neglect including multiple and/or prolonged absences (e.g., a day or more) by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

Question T-5

MEDICAL TRAUMA

This rating describes the severity of medical trauma. Not all medical procedures are experienced as traumatic. Medical trauma results when a medical experience is perceived by the child/youth as mentally or emotionally overwhelming. Potential medical traumas include but are not limited to the following examples: the onset of a life threatening illness; sudden painful medical events; chronic medical conditions resulting from an injury or illness or another type of traumatic event.

Please rate at highest level within the **lifetime**.

	Rating and Description
Did the child/youth ever need invasive medical treatment?	0 There is no evidence that child/youth has experienced any medical trauma.
Has she been hospitalized for prolonged treatment?	1 Child/Youth has had a medical experience that was mildly overwhelming for the child/Youth. Examples include events that were acute in nature and did not result in ongoing medical needs and associated distress such as minor surgery, stitches or a bone setting.
Were treatments to address a life or death situation?	2 Child/Youth has had a medical experience that was perceived as moderately emotionally or mentally overwhelming. Such events might include acute injuries and moderately invasive medical procedures such as major surgery that require only short term hospitalization.
	3 Child/Youth has had a medical experience that was perceived as extremely emotionally or mentally overwhelming. The event itself may have been life threatening and may have resulted in chronic health problems that alter the child/youth's physical functioning.

Question T-6

NATURAL DISASTER

This rating describes the severity of exposure to either natural or man-made disasters.

Please rate at highest level within the **lifetime**.

	Rating and Description
Did child/youth experience a natural disaster?	0 There is no evidence that child/youth has experienced any natural disaster.
Did the natural disaster result in a life or death situation?	1 Child/Youth has been exposed to disasters second-hand (e.g., on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters such as a fire or earthquake or man-made disaster, including car accident, plane crashes, or bombings.
	2 Child/Youth has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a child/youth may observe a caregiver who has been injured in a car accident or fire or watch his neighbor's house burn down.
	3 Child/Youth has been directly exposed to multiple and severe natural or manmade disasters and/or a disaster that caused significant harm or death to a loved one or there is an ongoing impact or life disruption due to the disaster (e.g., house burns down, caregiver loses job).

Question T-7

WITNESS TO FAMILY VIOLENCE

This rating describes the severity of exposure/observation of family violence.

Please rate at highest level within the **lifetime**.

	Rating and Description
Child/Youth has observed family violence?	0 There is no evidence that child/youth has witnessed family violence.
Child/Youth has observed family violence repeatedly?	1 Child/Youth has witnessed one episode of family violence.
There were significant injuries in the family due to the violence?	2 Child/Youth has witnessed repeated episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) have been witnessed.
	3 Child/Youth has witnessed repeated and/or severe episodes of family violence and/or has intervened in one or more episodes of family violence. Significant injuries have occurred and have been witnessed (i.e., seen or heard) by the child/youth as a direct result of the violence.

Question T-8

WITNESS TO COMMUNITY/SCHOOL VIOLENCE

This rating describes the severity of exposure to community violence.

Please rate at highest level within the **lifetime**.

	Rating and Description
<p>Has the child/youth observed a violent event in the community?</p> <p>Did the community violence result in significant injury to others in the community?</p>	0 There is no evidence that child/youth has witnessed violence in the community and/or school.
	1 Child/Youth has witnessed occasional fighting or other forms of violence in the community. Child/Youth has not been directly impacted by the community violence (i.e., violence not directed at self, family, or friends) and exposure has been limited.
	2 Child/Youth has witnessed multiple instances of community violence and/or the significant injury of others in his/her community, or has had friends/family members injured as a result of violence or criminal activity in the community, or is the direct victim of violence/criminal activity that was not life threatening.
	3 Child/Youth has witnessed or experienced severe and repeated instances of community violence and/or the death of another person in his/her community as a result of violence, or is the direct victim of violence/criminal activity in the community that was life threatening, or has experienced chronic/ongoing impact as a result of community violence (e.g., family member injured and no longer able to work).

Question T-9

VICTIM/WITNESS TO CRIMINAL ACTIVITY

This rating describes the severity of exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.

Please rate at highest level within the **lifetime**.

	Rating and Description
<p>Has child/youth been a witness to a crime or been victimized?</p> <p>Has child/youth observed physical harm or witnessed the death of a loved one?</p>	0 There is no evidence that child/youth has been victimized or witness significant criminal activity.
	1 There is a strong suspicion or evidence that the child/youth is a witness of at least one significant criminal activity. For instance, a child/youth may have been exposed to one type of criminal event but without necessarily having a direct impact on the child/youth.
	2 Child/Youth has witnessed multiple incidents or types of criminal activities, is a direct victim of criminal activity, and/or witnessed the victimization of a family member or friend. This could include exposure to more than one type of criminal activity, or exposure to ongoing drug use, drug dealing, or prostitution without causing injury or harm to the child/youth.
	3 Child/Youth has been exposed to chronic and/or severe instances of criminal activity and/or is a direct victim of criminal activity that was life threatening or caused significant physical harm or child/youth witnessed the death of a loved one. This could include chronic or significant exposure to criminal activity in multiple forms or direct involvement in these activities which may put them at significant risk of harm (e.g., in middle of drug dealing, may be forced into prostitution, etc.)

Question T-10

MARITAL/PARTNER VIOLENCE

This rating describes the degree of difficulty or conflict in the caregiver relationship.

Please rate at highest level within the **lifetime**.

	Rating and Description
How do caregivers resolve disagreements or conflicts?	0 Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.
Are threats of violence or verbal aggression evident?	1 Mild to moderate level of family problems, including marital difficulties and caregiver arguments are present. Caregivers are generally able to keep arguments to a minimum when child/youth is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.
Are physical acts of violence evident?	2 Significant level of caregiver difficulties are present including frequent arguments that often escalate to verbal aggression or the use of verbal aggression by one partner to control the other. Child/Youth often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.
	3 A profound level of caregiver or marital violence is present that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate child/youth's difficulties or put the child/youth at greater risk.

Sexual Abuse Expansion

Complete only if child/youth has been sexually abused.

The T-11 (i to v) items relate to the extent to which certain elements (e.g., violence) were present in the sexually abusive act.

Question T-11 (i)

SEXUAL ABUSE EXPANSION - EMOTIONAL CLOSENESS TO PERPETRATOR

This item refers to the degree of relationship, or emotional closeness, with the perpetrator of sexual abuse.

Please rate at highest level within the **lifetime**.

Did the child/youth know the perpetrator or was it a stranger?	Rating and Description
	0 Perpetrator was a stranger at the time of the abuse.
Was the perpetrator close to the child/youth but not a family member?	1 Perpetrator was known to the child/youth at the time of event but only as an acquaintance (e.g., one time babysitter).
	2 Perpetrator had a close relationship with the child/youth at the time of the event but was not an immediate family member (e.g., coach, teacher).
Was the perpetrator a family member?	3 Perpetrator was an immediate family member (e.g., parent, sibling) or an extended family member with frequent/close contact (e.g., uncle in same town).

Question T-11 (ii)

SEXUAL ABUSE EXPANSION - FREQUENCY OF ABUSE

This item refers to the number of times the sexual abuse took place.

Please rate at highest level within the **lifetime**.

How many times did the abuse happen?	Rating and Description
	0 Abuse occurred only one time.
	1 Abuse occurred two times.
	2 Abuse occurred two to ten times.
	3 Abuse occurred more than ten times.

Question T-11 (iii)

SEXUAL ABUSE EXPANSION - DURATION

This item refers to the number of month/years during which time the child/youth was sexually abused.

Please rate at highest level within the **lifetime**.

Over what period of time did the abuse occur?	Rating and Description
	0 Abuse occurred only one time.
	1 Abuse occurred within a six-month time period.
	2 Abuse occurred within a six-month to one-year time period.
	3 Abuse occurred over a period of longer than one year.

Question T-11 (iv)

SEXUAL ABUSE EXPANSION - FORCE

This item refers to the degree to which physical violence/force was present during the abuse.

Please rate at highest level within the **lifetime**.

Did the child/youth experience physical force or the threat of force?	Rating and Description
	0 No threat of violence or actual force occurred during the abuse episode(s).
Did they experience sexual abuse with the threat of violence but no physical force?	1 Sexual abuse was associated with threat of violence but no actual physical force occurred.
	2 Physical violence/force was used during the sexual abuse.
Did physical injuries result?	3 Significant physical violence/force was used during the sexual abuse. Physical injuries occurred as a result of the force.

Question T-11 (v)

SEXUAL ABUSE EXPANSION - REACTION TO DISCLOSURE

This item refers to the amount of support the child/youth felt after disclosing being sexually abused.

Please rate at highest level within the **lifetime**.

	Rating and Description
	0 No current need: no need for action or intervention. All significant family members are aware of the abuse and supportive of the child/youth coming forward with the description of her abuse experience.
Does the child/youth feel supported by family members?	1 Identified need requires monitoring, watchful waiting, or preventive activities. Most significant family members are aware of the abuse and supportive of the child/youth for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
	2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. A significant split occurred among family members in terms of their support of the child/youth for coming forward with the description of her experience.
	3 Problems are dangerous or disabling; requires immediate and/or intensive action. A significant lack of support from close family members of the child/youth for coming forward with the description of her abuse experience. A significant relationship (e.g., parent, care-giving grandparent) is threatened to the child/youth.

Traumatic Stress Symptoms:

The T-12 (i to v) items relate to elements indicative of how well a child/youth has adjusted since the abuse. Rate these items within the last 30 days.

Question T-12 (i)

TRAUMATIC STRESS SYMPTOMS - EMOTIONAL AND/OR PHYSICAL DYSREGULATION

This item focuses on the child's/youth's ability to regulate emotional and physical expression (e.g., calming down after getting upset), which is most easily seen as their ability to react to an event with the normal range of emotions. Youth has difficulties with arousal regulation or expressing emotions and energy states.

Rating and Description	
Is child/youth able to regulate their affect?	<p>0 No current need: no need for action or intervention. Child/Youth has no problems with regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.</p>
Does the child/youth overreact to situations?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. History or evidence of difficulties with affect/physiological regulation. The child/youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g., sleeping, eating or elimination). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints.</p>
When upset, can she calm down within an appropriate time?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has problems with affect/physiological regulation that are impacting his/her functioning in some life domains, but is able to control affect at times. The child/youth may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The child/youth may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g., silly behavior, loose active limbs).</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). The child/youth may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, the child/youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e., emotionally "shut down"). The child/youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.</p>

Question T-12 (ii)

TRAUMATIC STRESS SYMPTOMS - INTRUSIONS/RE-EXPERIENCING

These symptoms consist of intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences.

	Rating and Description
Does the child/youth experience intrusive thoughts?	<p>0 No current need: no need for action or intervention. There is no evidence that child/youth experiences intrusive thoughts of trauma.</p>
If so, when and how often do they occur?	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. History or evidence of some intrusive thoughts of trauma but it does not affect the child's/youth's functioning. A child/youth with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.</p>
Does the child/youth have difficulties functioning because of these intrusions?	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere in his/her ability to function in some life domains. For example, the child/youth may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The child/youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This youth may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This youth may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the youth to function.</p>

Question T-12 (iii)

TRAUMATIC STRESS SYMPTOMS - HYPERAROUSAL

This includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Youth may also show common physical symptoms such as stomachaches and headaches. These symptoms are a part of the DSM-5 criteria for Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.

	Rating and Description
Does the youth feel more jumpy or irritable than is usual?	<p>0 No current need: no need for action or intervention. Youth has no evidence of hyperarousal symptoms.</p> <hr/> <p>1 Identified need requires monitoring, watchful waiting, or preventive activities. History or evidence of hyperarousal that does not interfere with his/her daily functioning. Child/Youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.</p> <hr/> <p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth exhibits one significant symptom or a combination of two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Child/Youth who frequently manifest distress-related physical symptoms such as stomach aches and headaches would be rated here. Symptoms are distressing for the youth and/ or caregiver and negatively impacts day-to-day functioning.</p> <hr/> <p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the youth and/or caregiver and impede day-to-day functioning in many life areas.</p>

Question T-12 (iv)

TRAUMATIC STRESS SYMPTOMS - TRAUMATIC GRIEF & SEPARATION

This rating describes the level of traumatic grief the youth is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.

<p>Is the trauma reaction of the youth based on a grief/loss experience?</p> <p>How much does the youth's reaction to the loss impact functioning?</p>	Rating and Description
	<p>0 No current need: no need for action or intervention.</p> <p>There is no evidence that the child/youth is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child/youth has not experienced a traumatic loss (e.g., death of a loved one) or the child/youth has adjusted well to separation.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth is experiencing traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth is experiencing dangerous or debilitating traumatic grief reactions that impair his/her functioning across several areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.</p>

Question T-12 (v)

TRAUMATIC STRESS SYMPTOMS - NUMBING

This item describes youth's reduced capacity to feel or experience and express a range of emotions. These numbing responses were not present before the trauma.

<p>Does the youth experience a normal range of emotions?</p> <p>Does the youth tend to have flat emotional responses?</p>	Rating and Description
	<p>0 No current need: no need for action or intervention. Child/Youth has no evidence of numbing responses.</p>
	<p>1 Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has history or evidence of problems with numbing. She may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).</p>
	<p>2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth exhibits numbing responses that impair her functioning in at least one life domain. Child/Youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth exhibits significant numbing responses or multiple symptoms of numbing that put him/her at risk. This child/youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.</p>

Question T-12 (vi)

TRAUMATIC STRESS SYMPTOMS - DISSOCIATION

This item rates the level of dissociative states the youth may experience.

Rating and Description	
0	No current need: no need for action or intervention. No evidence of dissociation.
1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing, or blanking out.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets the minimum criteria for Dissociative Disorders or another diagnosis that is specified "with dissociative features."
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child/Youth exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child/Youth is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child/Youth shows rapid changes in personality or evidence of distinct personalities. Child/Youth who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.

Question T-12 (vii)

TRAUMATIC STRESS SYMPTOMS - AVOIDANCE

These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

Does the youth make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to the trauma experience?	Rating and Description	
	0	No current need: no need for action or intervention. Child/Youth exhibits no avoidance symptoms.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Child/Youth may have history or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Child/Youth exhibits avoidance symptoms that interfere with his/her functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the child/youth may also avoid activities, places, or people that arouse recollections of the trauma.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Child's/Youth's avoidance symptoms are debilitating. Child/Youth may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

Question T-12 (viii)

TRAUMATIC STRESS SYMPTOMS - CAREGIVER POST-TRAUMATIC REACTIONS

This rating describes posttraumatic reactions faced by caregiver(s), including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.

Does the Caregiver have symptoms related to the child's trauma?	Rating and Description	
	0	No current need: no need for action or intervention. Caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions.
	1	Identified need requires monitoring, watchful waiting, or preventive activities. Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others.
	2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning. Caregiver has moderate adjustment difficulties related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma.
	3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has significant adjustment difficulties associated with traumatic experiences. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.

MODULES

SUBSTANCE USE DISORDER (SUD) MODULE

These items in this module focus on different elements/issues related to abusing substances. It is completed if the child/youth received a rating of “2” or “3” on the Substance Use item.

“Substances” typically refer to “alcohol-and-other drugs” (AOD), and refers to the use and/or abuse of these substances by either the use of an illegal/illicit substance or the abuse of a legal, licit or prescribed substance in an un-prescribed or illicit manner.

The Clinician should consider the negative consequences that accompanied the child’s/youth’s AOD use within the past 30 days in terms of its negative effects to the clients’ health (e.g., overdose, withdrawal symptoms, black-outs), legal issues, economic considerations, living situation, education, family, and/or individual behavior (e.g., loss-of-control).

Please note that alcohol withdrawal is a MEDICAL EMERGENCY, potentially more physically dangerous than that of heroin withdrawal.

Question SUD-1

SEVERITY OF USE

This item refers to the frequency of usage.

Please rate the highest level based upon time periods provided in **anchors**.

	Rating and Description
Has the child/youth used any alcohol or any drug (AOD) within the past 30 days?	0 Child/Youth is currently abstinent and has maintained abstinence for at least six months .
	1 Child/Youth is currently abstinent but only in the past 30 days or child/youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
If using AOD, how frequent is the use/ abuse?	2 Child/Youth actively uses alcohol or drugs but not daily .
	3 Child/Youth uses alcohol and/or drugs on a daily basis .

Question SUD-2

DURATION OF USE

This item refers to the length of time during which the child/youth has used substances.

Please rate the highest level based upon time periods provided in **anchors**.

	Rating and Description
When did the child/youth start using AOD?	0 Child/Youth has begun use in the past year .
	1 Child/Youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where she did not have any use.
Is the child/youth a “binge” user/abuser without a regular pattern of use?	2 Child/Youth has been using alcohol or drugs for at least one year (but less than five years), but not daily .
Does the pattern of use/abuse suggest a high level of tolerance?	3 Child/Youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years .

Question SUD-3

STAGE OF RECOVERY

This item identifies where the youth is in the youth's recovery process.

Is the child/youth maintaining sobriety?	Rating and Description
	0 Child/Youth is in maintenance stage of recovery. Child/ youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
Is the child/youth actively engaged in treatment (e.g., self-help, 12-Step, AOD treatment, etc.)?	1 Child/Youth is actively trying to use treatment to remain abstinent.
	2 Child/Youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
If not abstinent, is the child/youth motivated to change or does she see a problem?	3 Child/Youth is in denial regarding the existence of any substance use problem.

Question SUD-4

PEER INFLUENCES

This item identifies the impact that the youth's social group has on the youth's substance use. Peer influences have been found to be among the strongest predictors of drug use during adolescence, and would be defined as to include peer pressure and peer drug models that directly and indirectly affect the child's/youth's willingness to use or abuse AOD.

NOTE: If child/youth is in residential/restricted setting, use peers at his home to rate this item.

Do the closest friends and peers of child/youth support an AOD-free lifestyle?	Rating and Description
	0 Youth's primary peer social network does not engage in alcohol or drug use.
Do the role models or icons followed by this child/youth espouse and encourage AOD?	1 Child/Youth has peers in her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
	2 Child/Youth predominantly has peers who engage in alcohol or drug use but child/youth is not a member of a gang.
	3 Child/Youth is a member of a peer group that consistently engages in alcohol or drug use.

Question SUD -5

PARENTAL INFLUENCES

This item rates the parent's/caregiver's use of drugs or alcohol with or in the presence of the youth.

NOTE: Across all domains of risk, the role of parents and family is critical in shaping the health of children/youth. Although the physical presence of a parent in the home reduces risk (and especially substance use), of more significance is parental connectedness (e.g., feelings of warmth, love, and caring from parents).

Is there a history of AOD use/abuse by the parent(s) of this child/youth?	Rating and Description
	0 There is no evidence that youth's parents/guardians have ever engaged in substance abuse.
If so, how long has/have the parent(s) been in sobriety if at all?	1 One of youth's parents/guardians has history of substance abuse but not in the past year.
	2 One or both of youth's parents/guardians have been intoxicated with alcohol or drugs in the presence of the youth.
Is/are the parent(s) a positive factor in the life of this child/youth re: AOD use/abuse?	3 One or both of youth's parents/guardians use alcohol or drugs with the youth.

Question SUD -6

ENVIRONMENTAL INFLUENCES

This item refers to the impact of the youth's community environment on their alcohol and drug use.

NOTE: In homes where children/youth have easy access to guns, alcohol, tobacco, and illicit substances, these environmental factors contribute to the child's/youth's increased risk of suicidality, involvement in interpersonal violence, and substance use. Here, this item refers to the impact the environment around the youth's living situation has upon prompting or exposing the child/youth to alcohol and drug use.

What was the earliest exposure of AOD to this child/youth?	Rating and Description
	0 No evidence that the child's environment stimulates or exposes the child/youth to any alcohol or drug use.
Was AOD use/abuse a routine occurrence in this child's/youth's home or living situation?	1 Mild problems exist in the child's environment that might expose the child/youth to alcohol or drug use.
	2 Moderate problems exist in the child's environment that clearly expose the child/youth to alcohol or drug use.
Was the child/youth ever removed by CFS because of AOD in the household?	3 Severe problems exist in the child's environment that stimulate the child/youth to engage in alcohol or drug.

Question SUD-7

RECOVERY COMMUNITY SUPPORT

This item describes the individual's participation in recovery programs such as AA, NA, or other types of recovery groups or activities that are community based.

Does the individual attend AA or NA or similar meetings? Does the individual maintain social connections through recovery support groups or activities? Does the individual have a sponsor or recovery coach?	Rating and Description	
	0	No problems with maintaining social connectivity through recovery support groups or activities. Individual attends recovery support groups and meetings regularly.
	1	Mild problems with maintaining social connectivity through recovery support groups or activities. Individual may attend meetings irregularly.
	2	Moderate problems with maintaining social connectivity through recovery support groups or activities. Individual has attended recovery support groups in the past but is no longer attending meetings.
	3	Severe problems with maintaining social connectivity through recovery support groups or activities. Individual has never participated in recovery support groups or activities.

MODULES

VIOLENCE MODULE

This module includes items that focus on different elements/issues that are salient when working with children/youth who have committed acts of violence against others. This module is completed with a rating of “2” or “3” was given on the Danger to Others item.

The Violence Module is divided into three parts:

- Historical Risk Factors (V-1i, V-1ii, V-1iii, & V-1iv): These items focus on past experiences with violence.
- Emotional/Behavioral Risks (V-2i, V-2ii, V-2iii, V-2iv, V-2v, & V-2vi): These items focus on experiences that may, or may not, place the child/youth at risk for violent acts.
- Resiliency Factors (V-3i, V-3ii, V-3iii, & V-3iv): These items focus on elements which consider the child’s/youth’s attitude and efforts toward managing violence.

Violence Module: Historical Risk Factors

Historical risk factors are rated over the lifetime of the youth

Question V-1 (i)

HISTORICAL RISK FACTORS - HISTORY OF PHYSICAL ABUSE

This item rates the history of physical abuse the youth has received.

Please rate at highest level within the **lifetime**.

Has the child/youth experienced physical abuse?	Rating and Description
	0 No evidence of a history of physical abuse.
Has corporal punishment been involved?	1 Child/Youth has experienced corporal punishment.
	2 Child/Youth has experienced physical abuse on one or more occasions from caregiver or parent.
Has medical care been needed for the injuries?	3 Child/Youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care.

Question V-1 (ii)

HISTORICAL RISK FACTORS - HISTORY OF VIOLENCE

This item rates the youth's history of violence.

Please rate at highest level within the **lifetime**.

	Rating and Description
Has child/youth been involved with violence?	0 No evidence of any history of violent behavior by the youth.
Has child/youth been involved in fights?	1 Child/Youth has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g., shoving, wrestling).
Has child/youth cause injury to others or cruelty to animals resulting in injury?	2 Child/Youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.
	3 Child/Youth has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.

Question V-1 (iii)

HISTORICAL RISK FACTORS - WITNESS TO DOMESTIC VIOLENCE

This item rates the extent of domestic violence the youth has witnessed.

Please rate at highest level within the **lifetime**.

	Rating and Description
Has child/youth observed domestic violence?	0 No evidence that child/youth has witnessed domestic violence.
Did violence involve injuries?	1 Child/Youth has witnessed physical violence in household on at least one occasion but the violence did not result in injury.
Was medical treatment needed?	2 Child/Youth has witnessed repeated domestic violence that has resulted in the injury of at least one family member that required medical treatment.
	3 Child/Youth has witnessed the murder or rape of a family member.

Question V-1 (iv)

HISTORICAL RISK FACTORS - WITNESS TO ENVIRONMENTAL VIOLENCE

This item rates the extent of violence the youth has witnessed in their community/environment.

Please rate at highest level within the **lifetime**.

	Rating and Description
Has child/youth observed violence in their environment or violent media?	0 No evidence is present that child/youth has witnessed violence in her environment and does not watch an excessive amount of violent media.
	1 Child/Youth has not witnessed violence in her environment but watches an excessive amount of violent media including movies and video games.
Has child/youth witnessed murder or rape?	2 Child/Youth has witnessed at least one occasion of violence in her environment.
	3 Child/Youth has witnessed a murder or rape.

Violence Module: Emotional/Behavioral Risks

Emotional/Behavioral Risks are rated based on the past 30 days.

Question V-2 (i)

EMOTIONAL/BEHAVIORAL RISKS - BULLYING

This item describes perpetrators of the exploitation of others. Generally, this refers to bullying other children or youth (usually smaller or younger ones); however, it could include youth who bully adults.

	Rating and Description
Has child/youth been a bully at school or in the community?	0 Child/Youth has never engaged in bullying at school or in the community.
	1 Child/Youth has been involved with groups that bully other children/youth either in school or the community; however, child/youth has not had a leadership role in these groups.
Has child/youth been involved with groups that bully?	2 Child/Youth has bullied other children/youth in school or community. Child/youth has either bullied the other children/youth individually or led a group that bullied children/youth.
	3 Child/Youth has repeatedly utilized threats or actual violence to bully children/youth in school and/or community.

Question V-2 (ii)

EMOTIONAL/BEHAVIORAL RISKS - FRUSTRATION MANAGEMENT

This item describes the child's/youth's ability to manage their own anger and frustration tolerance. .

	Rating and Description
Is child/youth able to manage their frustration?	0 Child/Youth appears to be able to manage frustration well. No evidence of problems of frustration management is present.
Does child/youth have coping mechanisms?	1 Child/Youth has some mild problems with frustration. She may anger easily when frustrated; however, she is able to calm herself down following an angry outburst.
Does child/youth become explosive and dangerous to others?	2 Child/Youth has problems managing frustration. Her anger when frustrated is causing functioning problems in school, at home, or with peers.
	3 Child/Youth becomes explosive and dangerous to others when frustrated. She demonstrates little self-control in these situations and others must intervene to restore control.

Question V-2 (iii)

EMOTIONAL/BEHAVIORAL RISKS - HOSTILITY

This item rates the perception of others regarding the youth's level of anger and hostility.

	Rating and Description
Does child/youth express hostility?	0 Child/Youth appears to not experience or express hostility except in situations where most people would become hostile.
Does child/youth appear angry?	1 Child/Youth appears hostile but does not express it. Others experience child/youth as being angry.
	2 Child/Youth expresses hostility regularly.
Does child/youth appear to be full of rage?	3 Child/Youth is almost always hostile either in expression or appearance. Others may experience child/youth as 'full of rage' or 'seething.'

Question V-2 (iv)

EMOTIONAL/BEHAVIORAL RISKS - PARANOID THINKING

This item rates the existence/level of paranoid thinking experienced by the youth.

	Rating and Description
Does child/youth appear to have paranoid thinking?	0 Child/Youth does not appear to engage in any paranoid thinking.
Is child/youth guarded?	1 Child/Youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.
Does child/youth feel others plan to harm him?	2 Child/Youth believes that others are 'out to get' her. Child/youth has trouble accepting that these beliefs may not be accurate. Child/youth at times is suspicious and guarded but at other times can be open and friendly.
	3 Child/Youth believes that others plan to cause them harm. Child/Youth is nearly always suspicious and guarded.

Question V-2 (v)

EMOTIONAL/BEHAVIORAL RISKS - SECONDARY GAINS FROM ANGER

This item is used to rate the presence of anger to obtain additional benefits.

	Rating and Description
Does child/youth get angry and seems to benefit from secondary gains?	0 Child/Youth either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.
Does child/youth intimidate others?	1 Child/Youth unintentionally has benefited from angry behavior; however, there is no evidence that child/youth intentionally uses angry behavior to achieve desired outcomes.
	2 Child/Youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.
	3 Child/Youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers or peers. Others in youth's life appear intimidated.

Question V-2 (vi)

EMOTIONAL/BEHAVIORAL RISKS - VIOLENT THINKING

This item rates the level of violence and aggression in the youth's thinking. .

	Rating and Description
Does child/youth engage in violent thinking?	0 There is no evidence that child/youth engages in violent thinking.
Is child/youth obsessed about violence?	1 Child/Youth has some occasional or minor thoughts about violence.
	2 Child/Youth has violent ideation. Language is often characterized as having violent themes and problem-solving often refers to violent outcomes.
	3 Child/Youth has specific homicidal ideation or appears obsessed with thoughts about violence (e.g., spontaneously and frequently draws only violent images).

Question V-3 (i)

RESILIENCY FACTORS - AWARENESS OF VIOLENCE POTENTIAL

This item rates the youth's insight into their risk of violence.

	Rating and Description
<p>Is child/youth aware of her level of risk for violence?</p> <p>Does child/youth deny past violent acts or explain them away as justice?</p>	0 Child/Youth is completely aware of her level of risk of violence. Child/youth knows and understands risk factors, accepts responsibility for past and future behaviors, and is able to anticipate future challenging circumstances. A child/youth with no violence potential would be rated here.
	1 Child/Youth is generally aware of her potential for violence. Child/Youth is knowledgeable about her risk factors and is generally able to take responsibility. Child/youth may be unable to anticipate future circumstances that may challenge her.
	2 Child/Youth has some awareness of her potential for violence. Child/Youth may have tendency to blame others but is able to accept some responsibility for her actions.
	3 Child/Youth has no awareness of her potential for violence. Child/Youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.

Question V-3 (ii)

RESILIENCY FACTORS - RESPONSE TO CONSEQUENCES

This item rates the youth's reaction when the youth gets consequences for violence or aggression.

	Rating and Description
<p>Is child/youth able to anticipate consequences and adjust behaviors?</p>	0 Child/Youth is clearly and predictably responsive to identified consequences. Child/youth is regularly able to anticipate consequences and adjust behavior.
	1 Child/Youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or she may sometimes fail to anticipate consequences.
	2 Child/Youth responds to consequences on some occasions but sometimes does not appear to care about consequences for her violent behavior.
	3 Child/Youth is unresponsive to consequences for her violent behavior.

Question V-3 (iii)

RESILIENCY FACTORS - COMMITMENT TO SELF-CONTROL

This item rates the youth's willingness and commitment to controlling aggressive and/or violent behaviors.

	Rating and Description
<p>Does the child/youth control violent behavior?</p> <p>Does the child/youth care if she controls her violent behavior?</p>	0 Child/Youth is fully committed to controlling her violent behavior.
	1 Child/Youth is generally committed to control her violent behavior; however, child/youth may continue to struggle with control in some challenging circumstances.
	2 Child/Youth is ambivalent about controlling her violent behavior.
	3 Child/Youth is not interested in controlling her violent behavior at this time.

Question V-3 (iv)

RESILIENCY FACTORS - TREATMENT INVOLVEMENT

This item rates the youth and/or family's involvement in their treatment.

Is child/youth involved in treatment?	Rating and Description
Is family of child/youth involved in treatment?	0 Child/Youth fully involved in her own treatment. Family supports treatment as well.
	1 Child/Youth or family involved in treatment but not both. Child/Youth may be somewhat involved in treatment, while family members are active or child/youth may be very involved in treatment while family members are unsupportive.
	2 Child/Youth and family are ambivalent about treatment involvement. Child/youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.
	3 Child/Youth and family are uninterested in treatment involvement. A child/youth with treatment needs who is not currently in treatment would be rated here.

MODULES

SEXUALLY AGGRESSIVE BEHAVIOR (SAB) MODULE

The items in the Sexually Aggressive Behavior Module (SAB-1 to SAB-10) focus on elements/issues about the nature of the sexually aggressive behavior identified as being committed by the child/youth.

Question SAB-1

RELATIONSHIP

This item rates the nature of the relationship between the youth and the victim of their aggression.

Please rate the **most recent episode of sexual behavior**.

	Rating and Description
Does the child/youth victimize others in sexual activity?	0 No evidence of victimizing others is present. All parties in sexual activity appear to be consenting. No power differential is present.
Is there a power differential between consenting parties?	1 Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child/youth being in the position of authority.
Is there physical force associated with the sexual behavior?	2 Child/Youth is clearly victimizing at least one other individual with sexually abusive behavior.
	3 Child/Youth is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

Question SAB-2

PHYSICAL FORCE/THREAT

This item rates the level of physical force involved in the sexual aggression.

Please rate the highest level from the **most recent episode of sexual behavior**.

	Rating and Description
Does the sexual behavior involve physical force or the threat of force?	0 No evidence is present of the use of any physical force or threat of force in either the commission of the sex act nor in attempting to hide it.
Is there physical harm or risk of physical harm?	1 Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act is present.
Was victim harmed physically from the use of force?	2 Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm is present.
	3 Evidence of severe physical force in the commission of the sex act is present. Victim harmed or at risk for physical harm from the use of force.

Question SAB-3

PLANNING

This item should be rated only for the perpetrator.

Please rate the highest level from the **most recent episode of sexual behavior**.

Is there any evidence that sexual activity was planned or just opportunistic?	Rating and Description	
	0	No evidence of any planning is present. Sexual activity appears entirely opportunistic.
Is the act premeditated?	1	Some evidence is present of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.
	2	Evidence exists of some planning of sex act.
	3	Considerable evidence exists of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

Question SAB-4

AGE DIFFERENTIAL

Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

Please rate the highest level from the **most recent episode of sexual behavior**.

Is the victim less than 3 years younger?	Rating and Description	
	0	Ages of the perpetrator and victim and/or participants are essentially equivalent (less than 3 years apart).
Is the victim 3-4 years younger?	1	Age differential between perpetrator and victim and/or participants is 3 to 4 years.
	2	Age differential between perpetrator and victim at least 5 years, but perpetrator is less than 13 years old.
Is the victim 5 or more years younger?	3	Age differential between perpetrator and victim at least 5 years and perpetrator is 13 years old or older.
Is the victim 5 or more years younger and the perpetrator 13 years old or older?		

Question SAB-5

TYPE OF SEX ACT

This item rates the kind of the sex act involved in the aggression. Rate the most serious type of aggression present.

Please rate the highest level from the **most recent episode of sexual behavior**.

What type of sex act was it?	Rating and Description	
	0	Sex act(s) involve touching or fondling only.
	1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
	2	Sex act(s) involve penetration into genitalia or anus with body part.
	3	Sex act involves physically dangerous penetration due to differential size or use of an object.

MODULES

Question SAB-6

RESPONSE TO ACCUSATION

This item rates how the youth responded to the accusation and the remorse felt by the youth.

	Rating and Description
Does child/youth admit to behavior?	0 Child/Youth admits to behavior and expresses remorse and desire to not repeat.
	1 Child/Youth partially admits to behaviors and expresses some remorse.
	2 Child/Youth admits to behavior but does not express remorse.
	3 Child/Youth neither admits to behavior nor expresses remorse. Child/Youth is in complete denial.

Question SAB-7

TEMPORAL CONSISTENCY

Temporal consistency relates to a youth's patterns and history of sexually problematic behavior. Please rate at highest level based upon durations provided in **anchors**.

	Rating and Description
Did the child/youth exhibit sexually abusive behavior after experiencing a stressor?	0 This level indicates a child/youth who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.
Does child/youth who has been sexually abusive for extended periods appear symptom free?	1 This level indicates a child/youth who has been sexually abusive during the past two years OR child/youth who has become sexually abusive in the past three months despite the absence of any clear stressors.
How long has child/youth engaged in this behavior?	2 This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g., more than two years), but who has had significant symptom-free periods.
	3 This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g., more than two years) without significant symptom-free periods.

Question SAB-8

HISTORY OF SEXUALLY AGGRESSIVE BEHAVIOR (toward others)

This item rates the quantity of sexually aggressive behaviors exhibited by the youth. Please rate at highest level based upon frequencies provided in **anchors**.

	Rating and Description
Has child/youth had incidents of sexually abusive behaviors repeatedly?	0 Child/Youth has only one incident of sexually abusive behavior that has been identified and/or investigated.
	1 Child/Youth has two or three incidents of sexually abusive behavior that have been identified and/or investigated.
Has there been one victim or more than one victim?	2 Child/Youth has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
	3 Child/Youth has more than ten incidents of sexually abusive behavior with more than one victim.

MODULES

Question SAB-9

SEVERITY OF SEXUAL ABUSE

This item rates the significance and severity of the youth's own sexual abuse history.

Please rate at the highest level within the **lifetime**.

	Rating and Description
Has the child/youth ever been sexually abused?	0 No history of any form of sexual abuse.
Was the child/youth abused by a caregiver?	1 History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis or by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.
Was the abuse mild, moderate, or severe?	2 This level is to indicate a moderate level of sexual abuse. This may involve a child/youth who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
	3 This level is to indicate a severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the child.

Question SAB-10

PRIOR TREATMENT

This item rates the youth's experience in and the effectiveness of prior treatment.

Please rate at the highest level within the **lifetime**.

	Rating and Description
Is there a history of child/youth getting treatment?	0 No history of prior treatment or history of outpatient treatment with notable positive outcomes.
	1 History of outpatient treatment which has had some degree of success.
	2 History of residential treatment where there has been successful completion of program.
	3 History of residential or outpatient treatment condition with little or no success.

MODULES

[RUNAWAY MODULE](#)

The items in the Runaway Module (R-1 to R-8) focus on aspects of running behavior that are important to understand when working with a child/youth at risk for running away. It is completed if a score of “2” or “3” is rated on the Runaway item in the Core items.

Question R-1

FREQUENCY OF RUNNING

This item describes how often the youth runs away.

Please rate the highest level using time periods provided in the **anchors**.

	Rating and Description
In the past year, how many times has the child/youth runaway?	0 Child/Youth has only run once in past year
	1 Child/Youth has run on multiple occasions in past year.
	2 Child/Youth runs often but not always.
	3 Child/Youth runs at every opportunity.

Question R-2

CONSISTENCY OF DESTINATION

This item describes whether or not the youth runs away to the same place, area, or neighborhood.

The time period for this item is variable depending upon the frequency of running away. If child/youth runs frequently, rate highest level in past 30 days. If child/youth runs infrequently, use the past year as the time period.

	Rating and Description
When child/youth runs away, where does she go?	0 Child/Youth always runs to the same location.
	1 Child/Youth generally runs to the same location or neighborhood
	2 Child/Youth runs to the same community but the specific locations change.
	3 Child/Youth runs to no planned destination.

Question R-3

SAFETY OF DESTINATION

This item describes how safe the area is where the youth runs.

The time period for this item is variable depending upon the frequency of running away. If child/youth runs frequently, rate highest level in past 30 days. If child/youth runs infrequently, use the past year as the time period.

	Rating and Description
Does the location to where the child/youth runs provide food and shelter in a safe environment?	0 Child/Youth runs to a safe environment that meets her basic needs (e.g., food, shelter).
	1 Child/Youth runs to generally safe environments; however, they might be somewhat unstable or variable.
	2 Child/Youth runs to generally unsafe environments that cannot meet her basic needs.
	3 Child/Youth runs to very unsafe environments where the likelihood that she will be victimized is high.

Question R-4

INVOLVEMENT IN ILLEGAL ACTIVITIES

This item describes what type of activities the youth is involved in while on the run and whether or not they are legal activities.

The time period for this item is variable depending upon the frequency of running away. If the child/youth runs frequently, rate the highest level in the past 30 days. If the child/youth runs infrequently, use the past year as the time period.

During the runaway periods, has the child/youth participated in illegal activities?	Rating and Description	
	0	Child/Youth does not engage in illegal activities while on the run beyond those involved with the running itself.
Has the child/youth engaged in a sexual act in exchange for money, food, or shelter?	1	Child/Youth engages in status offenses beyond those involved with the running itself while on the run (e.g., curfew violations, underage drinking).
	2	Child/Youth engages in delinquent activities while on the run.
	3	Child/Youth engages in dangerous delinquent activities while on the run (e.g., prostitution).

Question R-5

LIKELIHOOD OF RETURN ON OWN

This item describes whether or not the youth returns from a running episode on their own, whether they need prompting, or whether they need to be brought back by force (police).

The time period for this item is variable depending upon the frequency of running away. If child/youth runs frequently, rate highest level in past 30 days. If child/youth runs infrequently, use the past year as the time period.

When the child/youth returns to the caregiver, is it of her own will?	Rating and Description	
	0	Child/Youth will return from the run on her own without prompting.
Does the child/youth try hard to avoid returning to caregiver?	1	Child/Youth will return from the run when found but not without being found.
	2	Child/Youth will make it difficult to find her and/or might passively resist return once found.
	3	Child/Youth makes repeated and concerted efforts to hide so as not to be found and/or resists return.

Question R-6

INVOLVEMENT WITH OTHERS

This item describes whether or not others help the youth to run away.

The time period for this item is variable depending upon the frequency of running away. If child/youth runs frequently, rate the highest level in past 30 days. If child/youth runs infrequently, use the past year as the time period.

When the child/youth runs away, does she receive assistance/encouragement from others?	Rating and Description	
	0	Child/Youth runs by self with no involvement of others. Others may discourage the behavior or encourage her to return from run.
	1	Others enable the running by not discouraging the running behavior.
	2	Others are involved in running by providing support and helping the child/youth avoid being found.
	3	Child/Youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.

Question R-7

REALISTIC EXPECTATIONS

This item describes what the youth's expectations are for when they run away.

The time period for this item is variable depending upon the frequency of running away. If the child/youth runs frequently, rate the highest level in the past 30 days. If the child/youth runs infrequently, use the past year as the time period.

How realistic are the youth's ideas about the outcome of running away?	Rating and Description	
	0	Child/Youth has realistic expectations about the implications of her running behavior.
	1	Child/Youth has reasonable expectations about the implications of her running behavior but may be hoping for a somewhat 'optimistic' outcome.
	2	Child/Youth has unrealistic expectations about the implications of their running behavior.
	3	Child/Youth has obviously false or delusional expectations about the implications of their running behavior.

Question R-8

PLANNING

This item describes how much planning the youth put into running away or if the youth runs spontaneously.

The time period for this item is variable depending upon the frequency of running away. If the child/youth runs frequently, rate the highest level in the past 30 days. If the child/youth runs infrequently, use the past year as the time period.

How much planning does the child/youth do prior to running away?	Rating and Description	
	0	Running behavior is completely spontaneous and emotionally impulsive.
	1	Running behavior is somewhat planned, but not carefully.
	2	Running behavior is planned.
	3	Running behavior is carefully planned and orchestrated to maximize the likelihood of not being found.

MODULES

JUVENILE JUSTICE (JJ) MODULE

The items in the Juvenile Justice Module (JJ-1 to JJ-7) are intended to provide specific information about delinquent and criminal behaviors. This module is done if a rating of “2” or “3” was made on the Delinquency item in the Core items.

Question JJ-1

HISTORY

This item rates the youth’s history of delinquency.

Please rate using time frames provided in the **anchors**

Has child/youth engaged in multiple delinquent acts?	Rating and Description
	0 Current criminal behavior is the first known occurrence.
Has the child/youth engaged in multiple delinquent acts in the past one year?	1 The Child/Youth has engaged in multiple delinquent acts in the past one year.
for more than one year?	2 The Child/Youth has engaged in multiple delinquent acts for more than one year but has had periods of at least 3 months where she did not engage in delinquent behavior.
Are there ever breaks in these activities lasting 3 months or more?	3 The Child/Youth has engaged in multiple criminal or delinquent acts for more than one year without any period of at least 3 months where she did not engage in criminal or delinquent behavior.

Question JJ-2

SERIOUSNESS

This item rates the seriousness of the youth’s criminal offenses.

	Rating and Description
Has child/youth engaged in delinquent behaviors?	0 The Child/Youth has engaged only in status violations (e.g., curfew).
	1 The Child/Youth has engaged in delinquent behavior. These activities are illegal primarily because the child/youth is under 18 years of age (e.g., truancy, curfew violations, runaway).
Has child/youth ever placed other at risk for harm through criminal activities?	2 The Child/Youth has engaged in criminal behavior. These include activities for which an adult could also be arrested (e.g., shoplifting, selling drugs).
	3 The Child/Youth has engaged in delinquent or criminal behavior that places other citizens at risk of significant physical harm.

Question JJ-3

PLANNING

This item rates the premeditation or spontaneity of the criminal acts.

	Rating and Description
Did the child/youth plan the delinquent behaviors or do they appear opportunistic	0 No evidence of any planning is present. The delinquent behavior appears opportunistic or impulsive.
	1 Evidence suggests that the child/youth places herself into situations where the likelihood of delinquent behavior is enhanced.
	2 Evidence exists of some planning of delinquent behavior.
	3 Considerable evidence of significant planning of delinquent behavior is present. Behavior is clearly premeditated.

Question JJ-4

COMMUNITY SAFETY

This item rates the level to which the criminal behavior of the youth puts the community's safety at risk.

	Rating and Description
Does the child/youth present a risk to the community?	0 The Child/Youth presents no risk to the community. She could be unsupervised in the community.
Are the activities likely to result in dangerous situations, even though the child/youth does not intend harm?	1 The Child/Youth engages in behavior that represents a risk to community property.
	2 The Child/Youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/youth behavior.
	3 The Child/Youth engages in behavior that directly places community members in danger of significant physical harm.

Question JJ-5

PEER INFLUENCES

This item rates the level to which the youth's peers engage in delinquent or criminal behavior.

	Rating and Description
Are child/youth friends/peer group also engaging in these behaviors?	0 The Child's/Youth's primary peer social network does not engage in delinquent behavior.
Does she have a primary peer group that does not engage in these activities?	1 The Child/Youth has peers in her primary peer social network who do not engage in delinquent behavior but has some peers who do.
	2 The Child/Youth predominantly has peers who engage in delinquent behavior but child/youth is not a member of a gang.
Is the child/youth involved with a gang?	3 The Child/Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

Question JJ-6

PARENTAL CRIMINAL BEHAVIOR

This item rates the influence of parental criminal behavior on the youth's delinquent or criminal behavior
Please rate the highest level within the **lifetime**.

	Rating and Description
Does the child/youth have parents who were involved in criminal activities?	0 There is no evidence that the child/youth's parents have ever engaged in criminal behavior.
Is the parent/guardian currently, or recently, involved in criminal activities?	1 One of Child's/Youth's parents has a history of criminal behavior but the child/youth has not been in contact with this parent for at least one year.
	2 One of the Child's/Youth's parents has history of criminal behavior and the child/youth has been in contact with this parent in the past year.
	3 Both of the youth's parents have history of criminal behavior. Or, one parent is currently involved in criminal activities.

Question JJ-7

ENVIRONMENTAL INFLUENCES

This item rates the influence of community criminal behavior on the youth's delinquent or criminal behavior.

Does the child/youth's environment increase the likelihood that the child/youth would commit crimes?	Rating and Description
Does the child/youth reside in a high crime neighborhood which may include negative role models?	0 No evidence exists that the child's environment stimulates or exposes the child/youth to any criminal behavior.
	1 Mild problems in the child/youth environment that might expose the child/youth to criminal behavior are present.
	2 Moderate problems in the child's environment that clearly expose the child/youth to criminal behavior are present.
	3 Severe problems in the child's environment that stimulate the child/youth to engage in criminal behavior are present.

Question JJ-8

ARRESTS

This item refers to the individual's history of the arrests in the criminal justice sector.

	Rating and Description
Does the individual engage in preplanned or spontaneous criminal acts?	0 Individual has no known arrests in the past.
	1 Individual has a history of arrests, but no arrests in the past 30 days.
	2 Individual has 1 to 2 arrests in the past 30 days.
	3 Individual has more than two arrests in the past 30 days.

Question JJ-9

LEGAL COMPLIANCE

This item rates the individual's compliance with the rules and provisions of the court and probation.

	Rating and Description
Is the individual compliant with the terms of his/her probation? Is the individual attending appointments, school, etc.? Is the individual actively or frequently violating probation?	0 Individual is fully compliant with all responsibilities imposed by the court (e.g., school attendance, treatment, restraining orders), or no court orders are currently in place.
	1 Individual is in general compliance with responsibilities imposed by the court (e.g., occasional missed appointments).
	2 Individual is in partial compliance with standing court orders (e.g., individual may be attending school but not complying with court-appointed treatment).
	3 Individual is in serious and/or complete non-compliance with standing court orders (e.g., parole/probation violations).

MODULES

FIRE SETTING MODULE

The items in the Fire Setting Module (FS-1 to FS-8) are intended to provide specific information about the child/youth's fire setting behavior. This module is completed if a rating of "2" or "3" was given on the Fire Setting item of the Core items.

Question FS-1

HISTORY

This item rates the youth's history of fire setting including the number of fire setting events and the time elapsed between fire setting events.

Please rate using time frames provided in the **anchors**.

	Rating and Description
How many times has the child/youth set fires in the past year?	0 Only one known occurrence of fire setting behavior.
	1 The Child/Youth has engaged in multiple acts of fire setting in the past year.
For how many years has the child/youth been setting fires?	2 The Child/Youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where she did not engage in fire setting behavior.
	3 The Child/Youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where she did not engage in fire setting behavior.

Question FS-2

SERIOUSNESS

This item rates the extent of damage or harm caused by the youth's fire setting behavior.

Please rate **most recent incident**.

	Rating and Description
When the child/youth has set fires, what is the extent of the damage?	0 The Child/Youth has engaged in fire setting that resulted in only minor damage (e.g., camp fire in the back yard which scorched some lawn).
Has there been property damage?	1 The Child/Youth has engaged in fire setting that resulted only in some property damage that required repair (e.g., scorched a wall).
	2 The Child/Youth has engaged in fire setting which caused significant damage to property (e.g., burned down house).
Has there been injuries involved?	3 The Child/Youth has engaged in fire setting that injured self or others.

Question FS-3

PLANNING

This item rates the youth's forethought when engaging in fire setting behavior.

Please rate **most recent incident**

Does the child/youth plan out the fire setting activities or is it opportunistic or impulsive?	Rating and Description
	0 No evidence of any planning is present. Fire setting behavior appears opportunistic or impulsive.
	1 Evidence suggests that child/youth places herself into situations where the likelihood of fire setting behavior is enhanced.
	2 Evidence of some planning of fire setting behavior is present.
	3 Considerable evidence of significant planning of fire setting behavior is present. Behavior is clearly premeditated.

Question FS-4

USE OF ACCELERANTS

This item rates the youth's use of chemicals and other flammable materials (accelerants) to aid the spread of fire or to make the fire more intense.

Please rate **most recent incident**.

Did the child/youth use accelerants to start the fire?	Rating and Description
	0 No evidence of any use of accelerants (e.g., gasoline) is present. Fire setting involved only starters such as matches or a lighter.
	1 Evidence suggests that the fire setting involved some use of mild accelerants (e.g., sticks, paper) but no use of liquid accelerants.
	2 Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
	3 Considerable evidence of significant use of accelerants in an effort to produce a very large and dangerous fire is present.

Question FS-5

INTENTION TO HARM

This item rates the extent to which the youth intended to injure others when fire setting.

Please rate **most recent incident**.

Did child/youth intend to harm others?	Rating and Description
	0 Child/Youth did not intend to harm others with fire. She took efforts to maintain some safety.
Did child/youth seek revenge?	1 Child/Youth did not intend to harm others, but took no efforts to maintain safety.
	2 Child/Youth intended to seek revenge or scare others, but did not intend physical harm, only intimidation.
Did child/youth intend to injure or kill others?	3 Child/Youth intended to injure or kill others.

MODULES

Question FS-6

COMMUNITY SAFETY

This item rates the level of risk the youth poses to the community due to the youth's fire setting behavior.

	Rating and Description
Does child/youth present a risk to the community?	0 The Child/Youth presents no risk to the community. He/she could be unsupervised in the community.
	1 The Child/Youth engages in fire setting behavior that represents a risk to community property.
Does child/youth set fire to intentionally harm others or destroy property where people may be?	2 The Child/Youth engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
	3 The Child/Youth engages in fire setting behavior that intentionally places community members in danger of significant physical harm. The Child/youth attempts to use fires to hurt others.

Question FS-7

RESPONSE TO ACCUSATION

This item rates the reaction of the youth as the youth is confronted with the behavior.

	Rating and Description
Did child/youth admit to the fire setting activities?	0 The Child/Youth admits to behavior, is attempting to take responsibility for actions, and does not want to repeat actions.
	1 The Child/Youth partially admits to behaviors, but also focuses on other elements that impacted her (e.g., prompting by friend). She is starting to take responsibility for actions.
How does child/youth respond when talked to about the fire setting?	2 The Child/Youth partially admits to behavior, but primarily blames other people or external factors and does not want to take responsibility for her actions.
	3 The Child/Youth neither admits to behavior nor expresses any sense of responsibility. The child/youth is in complete denial.

Question FS-8

REMORSE

This item rates the degree to which the youth expresses regret for the behavior.

	Rating and Description
Did child/youth accept responsibility for the behavior and apologize for the behavior?	0 The Child/Youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child/youth is able to apologize directly to affected people.
	1 The Child/Youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child/youth is unable or unwilling to apologize to affected people.
	2 The Child/Youth accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.
	3 The Child/Youth accepts no responsibility and does not appear to experience any remorse.

Question FS-9

LIKELIHOOD OF FUTURE FIRE SETTING

This item rates the potential for reoccurrence of fire setting behavior in the future.

Is the child/youth able and willing to exert self-control over fire setting?	Rating and Description	
	0	The Child/Youth is unlikely to set fires in the future. Child/youth able and willing to exert self-control over fire setting.
	1	The Child/Youth presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.
	2	The Child/Youth remains at risk of fire setting if left unsupervised. Child/youth struggles with self-control.
	3	The Child/Youth presents a real and present danger of fire setting in the immediate future. The child/youth unable or unwilling to exert self-control over fire setting behavior.

MODULES

VOCATIONAL (VOC) MODULE

The items in the Vocational Module (VOC-1 through VOC-5) are intended to provide specific information about Job history and functioning. This module is done if a rating of “2” or “3” was made on the Job Functioning item in the Core items.

Question VOC-1

JOB HISTORY	
This item describes the individual’s experience with paid employment.	
Does the individual have a positive history with work?	Rating and Description
	0 Individual has significant job history with positive outcomes. Individual is currently employed as a valued employee.
	1 Individual has held jobs for a reasonable period of time and has former employers willing to recommend him/her for future employment.
	2 Individual has some work history; however, it is marked by periodic job loss.
	3 Individual has no positive work history.

Question VOC-2

JOB ATTENDANCE	
Has the individual experienced communication or disciplinary action for work attendance issues? Is the individual meeting expectations for attendance?	Rating and Description
	0 Individual goes to work consistently as scheduled.
	1 Individual has occasional problems going to work. He/she may sometimes call in.
	2 Individual has difficulty consistently going to work.
	3 Individual has severe job attendance problems that threaten termination or employment.

Question VOC-3

JOB PERFORMANCE	
What feedback has the individual received regarding his/her job performance?	Rating and Description
	0 Individual is a productive employee.
	1 Individual is generally a productive employee but some performance issues.
	2 Individual is having problems performing adequately on the job.
	3 Individual has severe performance problems that threaten termination or have resulted in recent firing.

Question VOC-4

JOB RELATIONS

Are the individual's relationships at the job setting a source of distress or source strength for him/her?	Rating and Description	
	0	Individual gets along well with superiors and co-workers.
	1	Individual is experiencing some problems with relationships at work.
	2	Individual is having problems with his/her relationships with superiors and/or co-workers.
	3	Individual is having severe relationship problems with superiors and/or co-workers.

Question VOC-5

JOB SKILLS

Does individual require additional job skills to maintain current employment?	Rating and Description	
	0	Individual has significant job skills consistent with career aspirations.
	1	Individual has basic job skills, but they may not match career aspirations.
	2	Individual has limited job skills.
	3	Individual has no job skills.